



MINISTERIAL MEMBER OPTIONS FORM FOR PENSION PLAN MEMBERSHIP

This Ministerial Member Options Form for Pension Plan Membership must be completed if you are a minister who is enrolled as a member in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan"), but you have had a severance from employment with your employer and are not employed by another employer who is eligible to participate in the Pension Plan. If you have severed employment with your employer and are employed or will be employed by another employer eligible to participate in the Pension Plan, complete the Pension Plan Change of Employer/Addition of Employer Form instead of this form.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Member Ref. No. _____
(first) (middle) (last/family name)

☐ Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

II. MEMBER OPTIONS

Please complete the applicable section below to inform Pension Fund as to the terms of your continued participation in the Pension Plan, if any.

A. COMPLETE THIS SECTION IF YOU ARE BETWEEN MINISTERIAL CALLS.

I elect the following option for my Pension Plan membership:

- ☐ I will pay no dues for up to three months or until I am employed by an employer eligible to participate in the Pension Plan. *I understand that I will be eligible for death and disability benefits under the Pension Plan for up to three months under this election. If dues are not paid by me or on my behalf thereafter, I understand that my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment in benefits under the Pension Plan.*
- ☐ I will pay (check one) ☐ 14% full dues or ☐ 6% partial dues as an *after-tax* employee contribution on a Compensation Base of \$_____. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.** *I understand that my Compensation Base for this purpose cannot be more than the Compensation Base in effect when I severed employment with my employer or less than \$125 a month. I understand that I cannot remit dues to the Pension Plan under this option for a period of longer than five years from the date of my severance from employment.*

B. COMPLETE THIS SECTION IF YOU HAVE BEEN EMPLOYED BY A NOT-FOR-PROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(c)(3) AND ARE PERFORMING SERVICES FOR THAT ORGANIZATION IN THE EXERCISE OF YOUR MINISTRY.

Your employer will also be required to complete a Participation Agreement.

Employer _____ Date of Employment _____/_____/_____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (_____) _____ E-Mail Address _____

Member's Position _____

Total monthly Compensation Base on which dues will be paid is \$_____. **IMPORTANT: Dues can be paid only on salary received by you for performing services in the exercise of your ministry.**

I elect the following option for my Pension Plan membership:

- ☐ My employer will pay full dues equal to 14% of Compensation Base as an employer contribution.

- ☐ My employer will pay dues equal to _____ % of Compensation Base as an employer contribution and I will pay dues equal to _____ % of Compensation Base as (check one) ☐ a pre-tax employee contribution **or** ☐ an after-tax employee contribution.
- ☐ I will pay an employee contribution equal to (check one) ☐ full dues of 14% of Compensation Base or ☐ partial dues of 6% of Compensation Base. I will pay the employee contribution on (check one) ☐ a pre-tax **or** ☐ an after-tax basis. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.**

THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT.

- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the Pension Plan. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Pension Fund Board. I also understand that if I am again employed by an eligible employer, I may re-activate my membership in the Pension Plan.*

C. COMPLETE THIS SECTION IF YOU ARE OR WILL BE EMPLOYED BY A FOR-PROFIT COMPANY AND ARE PERFORMING SERVICES FOR THAT ORGANIZATION IN THE EXERCISE OF YOUR MINISTRY.

Employer _____ Date of Employment ____/____/____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (____) _____ E-Mail Address _____

Member's Position _____

Total monthly Compensation Base on which dues will be paid is \$ _____. **IMPORTANT: Dues can be paid only on salary received by you for performing services in the exercise of your ministry.**

I elect the following option for my Pension Plan membership:

- ☐ I will pay an after-tax employee contribution equal to (check one) ☐ full dues of 14% of Compensation Base or ☐ partial dues of 6% of Compensation Base. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.**
- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the Pension Plan. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Pension Fund Board. I also understand that if I am again employed by an eligible employer, I may re-activate my membership in the Pension Plan.*

D. COMPLETE THIS SECTION IF YOU ARE SELF-EMPLOYED AND PERFORMING SERVICES IN THE EXERCISE OF YOUR MINISTRY.

- ☐ I will pay an employee contribution equal to (check one) ☐ full dues of 14% of Compensation Base or ☐ partial dues of 6% of Compensation Base. I will pay the employee contribution on (check one) ☐ a pre-tax **or** ☐ an after-tax basis. **Partial dues will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid. Dues can be paid only on your earned income for performing services in the exercise of your ministry as a self-employed minister.**
- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the Pension Plan. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Pension Fund Board. I also understand that if I am again employed by an eligible employer, I may re-activate my membership in the Pension Plan.*

E. COMPLETE THIS SECTION IF YOU ARE NO LONGER PERFORMING SERVICES IN THE EXERCISE OF YOUR MINISTRY.

- ☐ **Voluntary Inactive Status.** *I understand that if I elect this option, my membership will become inactive and I will no longer be eligible for death and disability benefits nor for the late retirement adjustment to benefits under the Pension Plan. I further understand that my accrued age pension credits will be fixed at the point where dues ceased, and an age retirement pension is payable in the amount of those accrued age pension credits, as well as a surviving spouse pension in the amount of 50% of those accrued age pension credits, even if my death occurs prior to retirement. Accrued age pension credits may increase with Special Apportionments, if any, granted by the Pension Fund Board. I also understand that if I return to ministerial service or am again employed by an eligible employer, I may re-activate my membership in the Pension Plan.*

III. EMPLOYEE CERTIFICATION AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the information provided on this Form is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, including changes in my Compensation Base and in how dues will be paid. I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that contributions can only be remitted to the Pension Plan on income I receive from my employer or through my self-employment for performing services in the exercise of my ministry, and that I must have current ministerial credentials on file to continue my participation in the Pension Plan under options A through D above.
- If I continue my participation in the Pension Plan under option B or option C above, I represent that any contributions made by me or on my behalf to a separate retirement plan sponsored by my employer that is not a church plan do not take into account the same compensation that is used to determine my dues under the Pension Plan.

Signature _____ Date ____/____/____

IV. EMPLOYER CERTIFICATION AND SIGNATURE [Complete if Option B is elected in Section II]

I certify that I am authorized to sign this Ministerial Member Options for Pension Plan Membership Form on behalf of the Employer of the member. I certify either that a Participation Agreement has already been submitted on behalf of the Employer or is being submitted contemporaneously with this Form, and that the member is eligible to participate in the Pension Plan under the terms of the Pension Plan and the Participation Agreement.

I certify that the information provided in Section II, option B of this Form is accurate and that payment for the initial dues on behalf of the member, as provided in Section II, is enclosed with this Form. I agree that I will timely notify Pension Fund of any changes to the information provided in Section II, including the member's Compensation Base and how dues will be paid. I further agree to notify Pension Fund immediately if the member severs employment with the Employer.

Member Participation Start Date ____/____/____

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

SEND FORM WITH INITIAL DUES PAYMENT TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, Indiana 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

Enrollment Date ____/____/____ Initial Dues Remitted \$ _____

[Do not write in this box – for Pension Fund use only]