



PENSION PLAN CHANGE OF EMPLOYER/ ADDITION OF EMPLOYER FORM

This Change of Employer/Addition of Employer Form must be completed if you are already enrolled as a member in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") through your employment with an employer, and you have either (i) changed employers and will continue to participate in the Pension Plan through your new employer or (ii) added a second employer through which you will be participating in the Pension Plan in addition to your current employer.

Check the applicable box: ☐ I am changing my employer
☐ I am adding a second employer

- 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. FORMER OR CURRENT EMPLOYMENT INFORMATION

Complete this Section II with information regarding your former employer if you are changing employers or your current employer if you are adding a second employer.

Employer _____ Employment Termination Date ____/____/____
(enter "self-employed minister," if applicable) (complete if applicable)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (_____) _____ E-Mail Address _____

III. NEW/ADDITIONAL EMPLOYMENT INFORMATION

Complete this Section III with information regarding your new employer if you are changing employers or adding a second employer.

Employer _____ Date of Employment ____/____/____
(enter "self-employed minister," if applicable)

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Contact Name _____

Phone Number (_____) _____ E-Mail Address _____

Member's Position _____ Date Dues Will Begin ____/____/____
(Minister, Associate Minister, Educator, Administrative Assistant, Health Care Professional, etc.)

IV. DUES INFORMATION

Current monthly compensation (for purposes of determining initial dues):

- | | | |
|--|----------|--|
| a. Total cash salary per month paid to applicant by employer | \$ _____ | To determine monthly salary, divide annual salary by 12. If paid weekly, multiply by 52, then divide by 12. |
| b. Housing allowance or fair rental value of housing | \$ _____ | If housing allowance is provided, add exact amount for month. If actual housing is provided, add the greater of monthly fair rental value or 25% of monthly cash salary. |
| c. Social Security offset for ministers | \$ _____ | If a Social Security offset is provided to ministers, include this amount. |

d. Employer contributions to TDRA

\$ _____

If employer contributions are made to the TDRA on your behalf, add exact amount for one month. If paid in a single lump sum each year, divide by 12.

**Total monthly Compensation
Base on which dues will be paid**

\$ _____

NOTE: *This amount will change as your salary or allowances change over time. You and your employer are responsible for calculating the required amount of dues and notifying Pension Fund of any changes.*

Full dues under the Pension Plan must equal 14% of your Compensation Base. If you are a minister, full dues must be paid to the Pension Plan. Please elect how the dues will be paid:

- ☐ Employer pays full dues equal to 14% of Compensation Base as an employer contribution.
- ☐ **Must total 14%.** Employer pays dues equal to _____% of Compensation Base as an employer contribution, and member pays dues equal to _____% of Compensation Base as ☐ a *pre-tax* employee contribution **or** ☐ an *after-tax* employee contribution.

Partial dues under the Pension Plan must equal at least 6% of your Compensation Base. If you are not a minister, partial dues may be paid to the Pension Plan. *Partial dues will result in a reduced pension. For example, partial dues of 6% will result in a pension that is approximately 25% of the pension you would receive if full dues had been paid.* Please elect how the dues will be paid:

- ☐ Employer pays dues equal to 6% of Compensation Base as an employer contribution.
- ☐ **Must total at least 6%.** Employer pays dues equal to _____% of Compensation Base as an employer contribution, and member pays dues equal to _____% of Compensation Base as ☐ a *pre-tax* employee contribution **or** ☐ an *after-tax* employee contribution.

THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT. IF THE PARTICIPATION AGREEMENT ALLOWS MEMBERS TO EACH ELECT A DIFFERENT PERCENTAGE OF EMPLOYEE DUES ON A PRE-TAX BASIS, THE MEMBER MUST ALSO COMPLETE A SALARY CONTRIBUTION AGREEMENT.

V. MEMBER CERTIFICATION AND SIGNATURE

I certify that the information provided on this Change of Employer/Addition of Employer 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.

Member Signature _____ Date ____/____/____

VI. NEW/ADDITIONAL EMPLOYER CERTIFICATION AND SIGNATURE

I certify that I am authorized to sign this Change of Employer/Addition of Employer 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 IV of this Form is accurate and that payment for the initial dues on behalf of the member, as provided in Section IV, is enclosed with this Form. I agree that I will timely notify Pension Fund of any changes to the information provided in Section IV, including the member's Compensation Base and how dues will be paid. If the member has entered into a Salary Contribution Agreement with the Employer, I am submitting a copy of this Agreement contemporaneously with this Enrollment Form. I further agree to submit any revisions to the Salary Contribution Agreement to Pension Fund on or before such revisions become effective.

I further agree to notify Pension Fund immediately if the member terminates employment with the Employer.

Member Participation Start Date ____/____/____

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

SEND FORM WITH INITIAL DUES PAYMENT AND RELATED FORMS, IF APPLICABLE, 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]