



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
☐ Mx. ☐ Rev. ☐ Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: ☐ Male ☐ Female ☐ Non-Binary

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: ☐ U.S. ☐ Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

If Minister, check one: ☐ Ordained ☐ Commissioned ☐ Licensed Date of ordination/commission/license ____/____/____

Check if applicable: ☐ Self-Employed Minister ☐ Student under Student Gift Membership Program

Employer _____ Employer Contact _____

City _____ State _____ Country _____ Zip Code _____ - _____

Applicant's Position _____ Hire date ____/____/____ Date dues will begin ____/____/____

II. DUES INFORMATION

As a member, dues will be made to the Pension Plan on your behalf in accordance with your employer's Participation Agreement as a percentage of your Compensation Base. See *Compensation Base Resource Worksheet* for assistance in determining your Compensation Base.

Percentage Employer Dues. My employer will contribute employer dues equal to _____ % of my Compensation Base.

Percentage Member Dues. Complete if your employer's Participation Agreement (i) permits each member to elect a different percentage of member dues on a pre-tax basis, (ii) permits an election between pre-tax or after-tax member dues, and/or (iii) permits each member to elect a different percentage of Compensation Base to determine dues. *Check one as applicable and complete.*

- ☐ My employer will reduce my salary in accordance with (i) my employer's Participation Agreement with Pension Fund or (ii) the salary reduction agreement that I have entered into with my employer to make pre-tax member dues to the Pension Plan.
- ☐ I hereby direct my employer to reduce my salary on a pre-tax basis by _____ % of my Compensation Base. *Employer and member dues in aggregate must total 14% if you are a minister and at least 6% if you are not a minister. Your employer will receive a copy of this Enrollment Form to reflect the salary contribution agreement between you and your employer.*

Tax Treatment of Member Dues. Member dues will be paid as (check one) ☐ a pre-tax employee contribution
☐ an after-tax employee contribution

Compensation Base. My Compensation Base used to determine dues is \$ _____.

THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT. MEMBER DUES WILL BE WITHHELD FROM YOUR PAYCHECK AND PAID BY YOUR EMPLOYER TO THE PENSION PLAN.

III. FAMILY INFORMATION FOR SURVIVOR BENEFITS

Check Marital/Partner Status: ☐ Single ☐ Married ☐ Qualified Domestic Partnership

Spouse/Partner's Gender: ☐ Male ☐ Female ☐ Non-Binary

Spouse/Partner Name _____ Social Security No./ITIN _____
(first) (middle) (last/family)

Spouse/Partner's Birth Date ____/____/____ Citizenship: ☐ U.S. ☐ Other: _____

Complete for each of applicant's **Natural Born Children** or **Legally Adopted Children** who are under age 21:

	Name (first, middle, last/family name)	Birth Date	Gender	Social Security No./ITIN
1		/ /		- - - - -

SEND FORM(S) WITH ATTACHMENTS 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

Member ID No. _____

Enrollment Date ____/____/____

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