

PENSION PLAN ENROLLMENT FORM

4850-4070-3704.10

- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMA	ITION						
Name Mr. Mrs. Ms.							
☐ Mx. ☐ Rev. ☐ Dr.	,	(middle)			amily)	1	
	Birth Date/_	/	Gender	:	Female] Non-Binary	
Home Address					. 6.1		
	State State Work Phone Number (Zip Code			
	work Phone Number (Ce	ii Pnone Nur	nber ()		
			not a US citi	izen, vou mu	st have an ITI	N to enroll.	
. — — —	d Commissioned Licensed			-			
_	byed Minister Student under Studen						
Employer		Employer Contac	et				
City	State	Country Zip Code					
Applicant's Position	Hire date	//	Date due	es 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 <i>Compensation Base Resource Worksheet</i> 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. <i>Check one as applicable and complete</i> .							
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							
Tax Treatment of Member Dues. Member dues will be paid as (<i>check one</i>) a <i>pre-tax</i> employee contribution							
an after-tax employee contribution							
Compensation Base. My Compens	ation 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)							
(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/fa		Birth Date	t midei ug	Gender	Social Securi	ity No /ITIN	
1	inny name)	/ Dir til Date	/	Gender	-	-	
1 1							

3		/ /		·
First Living Parent Name (first)	(middle)		(last/family)	
Home Address	,		(last/lanniy)	
City	State	_ Country	Zip Code _	
Social Security No./ITIN	Birth Date/_	/		
Second Living Parent Name	(mid	dla)	(last/family)	
Home Address	`	·	(last family)	
City	State	_ Country	Zip Code _	-
Social Security No./ITIN	Birth Date/_	/		
IV. APPLICANT CERTIFICATION	AND SIGNATURE			
By signing this Enrollment Form, I make the	following certifications:			
 I agree to be bound by all terms of t and procedures adopted by Pension I 			me to time, and all admi	inistrative policies
 I understand that I can access the F electronically at <u>www.pensionfund.c</u> Resource Book. 				
 I certify that the information provided agree that I will timely notify Pension the amount or type of dues, to my that failure to provide accurate and to the control of the	on Fund of any changes to www.marital/partner status,	the information prov and to the status of	vided on this Form, incl my children and pare	uding changes to
 I understand that the personal infor enrollment and to provide member s 			be used by Pension Fu	and to process my
 I understand that if my employer's P dues on a pre-tax basis, and I choo reduction agreement with my employer reflects that change <u>before</u> the effect 	ose to change my election yer, I must complete and s	ns reflected on this l	Enrollment Form or on	a separate salary
• I understand that I may designate according to the terms of the Pensid Beneficiary Designation Form, the designation of the Penside Beneficiary Desig	on Plan by submitting a I	Beneficiary Designati	ion Form, and that if I	do not complete a
 I understand that Pension Fund and of the Securities Act of 1933, the Se laws. Participants and beneficiaries Plan. 	curities Exchange Act of	1945, the Investment	Company Act of 1940, a	and state securities
I have attached the following docum	ents to complete my appli	cation, as applicable:		
 ✓ Copy of my birth certificate ✓ Beneficiary Designation Fo ✓ Copy of current ministerial ✓ Copy of my marriage certif ✓ Affidavit of Qualified Dome 	orm credentials, if I am a mini icate/proof of marriage, if	ster I am married		omestic partner
Applicant Signature			Date/	/

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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]				