



Students preparing for ministry may become a member in the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") by participating in the Student Gift Membership Program ("Program"). The Program will pay dues equal to \$70 per month to the Pension Plan on behalf of the student, which is in addition to any dues paid by an employer for services provided by the student. To be eligible to participate in the Program, a student must satisfy (1) or (2):

- (1) The individual must be:
  - a current student at an accredited theological education institution seeking a ministry degree;
  - enrolled at the institution at least six credit/semester hours for the semester/term (special consideration will be given for certain degree requirements that require intensive/focused ministry related instruction, such as CPE or ministry internships); and
  - a Disciples of Christ student "under care" of a recognized region/ministry of the Church.
- (2) The individual must be a student in the Stone-Campbell Restoration Movement tradition in supervised ministry (e.g., "under care" or in an approved ministry internship).

**The student must also complete and return a Pension Plan Enrollment Form.**

Participation in the Program is approved for up to a 12 month period, and can be renewed for up to three separate 12 month periods, for a total of 48 months of participation.

Applications for the Program are accepted year round, and approval is for the 12 month period beginning with the month following approval of your completed Application and enrollment in the Pension Plan. A new Application must be submitted each 12 month period to continue participation in the Program.

**Please complete Sections I, II and III. If you are an eligible individual under (1) above, forward this Application for certification and signature under Sections IV and V to an authorized representative of the Region/Ministry with respect to which you are under care and to the school which you attend. If you are an eligible individual under (2) above, forward this Application for certification and signature under Section VI to an authorized representative of a recognized ministry in the Stone-Campbell Restoration Movement tradition with respect to which you are under care or in an approved ministry internship.**

**- PLEASE TYPE OR PRINT CLEARLY -**

**I. STUDENT INFORMATION**

Student Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I am affiliated with the following branch of the Stone-Campbell Restoration Movement:

Christian Church (Disciples of Christ)  Christian Churches/Churches of Christ  Churches of Christ in the U.S. (Acapella)

**II. SCHOOL INFORMATION [IF APPLICABLE]**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Registrar \_\_\_\_\_ Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

Number of Credit/Semester Hours Completed \_\_\_\_\_ Number of Credit/Semester Hours Required for Degree \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ 20\_\_\_\_ Degree You Are Seeking \_\_\_\_\_

### III. STUDENT CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that I am eligible to participate in the Student Gift Membership Program, that I understand and agree to the terms of the Program, including the applicable vesting schedule, and that I am committed to fulfilling all of the requirements for Program participation.
- I understand that the terms of my participation in the Pension Plan are governed by the Pension Plan, and that if there is any conflict between the Program and the Pension Plan, the Pension Plan will control.
- I acknowledge that I am required to immediately notify Pension Fund if I do not satisfy the Program's minimum enrollment requirements at any time during the 12 month period that this Application covers.
- I understand that I must submit a new Application each academic year to continue participation in the Program.
- I understand that, unless already on file with Pension Fund, I am required to provide with this Application a completed Pension Plan Enrollment Form.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### IV. REGION/MINISTRY CERTIFICATION AND SIGNATURE

I certify that the individual identified in Section I is a student who is currently "under care" of the following region/ministry \_\_\_\_\_.

**Region/Ministry Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone Number** (\_\_\_\_) \_\_\_\_\_

**Title** \_\_\_\_\_

### V. SCHOOL CERTIFICATION AND SIGNATURE

I certify that the individual identified in Section I is a student at the school identified in Section I, and that such student is currently enrolled at least six credit/semester hours per semester/term (or the student is taking an intensive program such as an internship or CPE for which additional course work is not recommended, or is on a ministry internship).

**School Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone Number** (\_\_\_\_) \_\_\_\_\_

**Title** \_\_\_\_\_

### VI. STONE-CAMPBELL MINISTRY CERTIFICATION AND SIGNATURE

I certify that the individual identified in Section I is a student "under care" or in an approved ministry internship of the following ministry in the Stone-Campbell Restoration Movement tradition \_\_\_\_\_.

**Ministry Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone Number** (\_\_\_\_) \_\_\_\_\_

**Title** \_\_\_\_\_

#### 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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)



- PLEASE TYPE OR PRINT CLEARLY -

**I. APPLICANT INFORMATION**

Name  Mr.  Mrs.  Miss \_\_\_\_\_  
 Ms.  Rev.  Dr. \_\_\_\_\_ (first) (middle) (last/family)

Social Security No./ITIN \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

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

Spouse/Partner Name \_\_\_\_\_ (first) (middle) (last/family) Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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		/ /	M / F	_____ - _____ - _____
2		/ /	M / F	_____ - _____ - _____
3		/ /	M / F	_____ - _____ - _____

First Living Parent Name \_\_\_\_\_  
(first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last/family) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Social Security No./ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Second Living Parent Name \_\_\_\_\_  
(first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last/family) \_\_\_\_\_

Home Address \_\_\_\_\_

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 the Pension Plan, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the Pension Plan.
- I understand that I can access the Pension Plan Member Resource Book and other information regarding the Pension Plan electronically at [www.pensionfund.org](http://www.pensionfund.org), and that I can also request Pension Fund mail me a copy of the Pension Plan Member Resource Book.
- I certify that the information provided on this Enrollment Form is accurate, including my Social Security Number/ITIN. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, **including changes to the amount or type of dues, to my marital/partner status, and to the status of my children and parents**. I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the Pension Plan.
- I understand that if my employer's Participation Agreement permits members to each elect a different percentage of employee dues on a pre-tax basis, and I choose to change my elections reflected on this Enrollment Form or on a separate salary reduction agreement with my employer, I must complete and submit a Salary Contribution Agreement to my Employer which reflects that change before the effective date of the change.
- I understand that I may designate beneficiaries for all benefits under the Pension Plan that are not otherwise payable according to the terms of the Pension Plan by submitting a *Beneficiary Designation Form*, and that if I do not complete a *Beneficiary Designation Form*, the default beneficiary rules in the Pension Plan will apply.
- I understand that Pension Fund and the Pension Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Pension Plan.
- I have attached the following documents to complete my application, as applicable:
  - ✓ Copy of my birth certificate, passport, driver's license, or state issued identification card
  - ✓ Beneficiary Designation Form
  - ✓ Copy of current ministerial credentials, if I am a minister
  - ✓ Copy of my marriage certificate/proof of marriage, if I am married
  - ✓ *Affidavit of Qualified Domestic Partnership* with supporting documentation, if I have a qualified domestic partner

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)

Member ID No. \_\_\_\_\_

Enrollment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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