



**THE 2024 DEADLINE FOR REQUIRED MINIMUM DISTRIBUTION CHANGES IS OCTOBER 1, 2024.**

Complete this *TDRA Application for Required Minimum Distributions* if you want to request annual distributions equal to your required minimum distribution (RMD) from the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"). You are required by law to begin taking RMDs from the TDRA by April 1 of the calendar year following the later of the calendar year in which you:

- attain age 73 (age 72 if you turned age 72 before January 1, 2023, or age 70½ if you turned age 70½ before January 1, 2020); or
- retire or sever employment from your employer and all other participating employers in the TDRA.

If you do not timely begin RMDs, you must pay a significant excise tax on the difference between your RMD and any distributions actually made to you.

You must complete this Application in order to direct Pension Fund as to how to pay your RMDs. If you instead want to satisfy the RMD rules through installment payments or a one-time payment, complete the *TDRA Application for Installment Payments* or *TDRA Application for One-Time Distribution*, as applicable. If you do not either (i) timely notify Pension Fund that you have **not** retired or (ii) direct Pension Fund as to how to satisfy the RMD rules, Pension Fund will automatically send your RMDs to you each November.

If you are a beneficiary of a TDRA member, different rules apply. Complete the *Beneficiary Application for TDRA Distributions*.

**- 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 \_\_\_\_\_

Severance of Employment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ from (insert name of former employer) \_\_\_\_\_

Last four digits of Social Security No./ITIN \_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. SOURCE AND PAYMENT OF DISTRIBUTION**

You may have more than one account under the TDRA. Separate accounts are established for different employers and contribution sources (e.g. *pre-tax elective deferrals*, *Roth elective deferrals*, *employer contributions*, *rollover contributions*, etc.). **Indicate the account number or numbers to which this Application applies:**

- ☐ All TDRA accounts
- ☐ The following TDRA account number(s): no. \_\_\_\_\_ no. \_\_\_\_\_  
no. \_\_\_\_\_ no. \_\_\_\_\_ no. \_\_\_\_\_

If this Application applies to multiple TDRA accounts, your distribution will be made pro rata from all contribution sources, except that pre-tax elective deferrals will be distributed before Roth elective deferrals and non-Roth rollover contributions will be distributed before Roth rollover contributions. You can instead make the following elections:

- ☐ Distribute my Roth elective deferrals and Roth rollovers only after all other contributions have been distributed.
- ☐ Distribute my Roth elective deferrals before my pre-tax elective deferrals.
- ☐ Distribute my Roth rollover contributions before my non-Roth rollover contributions

I elect to receive my annual RMD distributions on the following dates:

- ☐ I elect to receive my RMD for this calendar year as soon as administratively practicable upon Pension Fund's receipt of this Application.
- ☐ I elect to receive my RMD each year in November.
- ☐ This is my initial year for which an RMD is required, and I elect to postpone my initial RMD until April 1 of the next calendar year. I understand that if I make an election to postpone my initial RMD, I will receive two RMDs next year, one by April 1 and one in November.

I elect to receive my RMD as follows (*check one only*):

- ☐ **Direct deposited by ACH into my bank account on record with Pension Fund.** *You must be an owner of the bank account to which distributions are direct deposited. Pension Fund cannot remit payments to a third party such as a title company, or to accounts held in another person's name. If you do not have a bank account on record, complete the following information and attach a "void" check to this Application:*

Name of Bank \_\_\_\_\_

Mailing Address of Bank \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_

Your Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_ ☐ Checking ☐ Savings

- ☐ **Transferred to my BA Account No. \_\_\_\_\_.** *If you do not already have a BA Account, you must contemporaneously complete and return a BAA Enrollment Form with this Application.*

- ☐ **Paid in full or in part as a tax-deductible charitable contribution to the Ministerial Relief Fund,** as follows: ☐ 100% ☐ \$ \_\_\_\_\_ or ☐ \_\_\_\_\_%, with the remainder, if any, paid as directed above. **Note:** *You will receive a charitable contribution receipt from Pension Fund.*

I understand that my election is irrevocable with respect to any RMD once it is paid. I further understand that my election will remain in effect unless I complete a new Application or revoke this election.

### III. FEDERAL AND STATE INCOME TAX WITHHOLDING RULES

**Federal Withholding.** Pension Fund will withhold 10% on the taxable portion of the distribution (e.g. Roth contributions are not taxable to you). Note that unless you elect out of withholding, withholding will apply to the taxable portion of the distribution even if (i) you are a minister and Pension Fund has designated 100% of your RMDs as housing allowance or (ii) you elect to contribute some or all of the distribution to the Ministerial Relief Fund. You may elect to change the default withholding rate by completing a **Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**. To access this form, see [www.pensionfund.org](http://www.pensionfund.org). Your election will remain in effect until you make a new election by submitting a new Form W-4R.

**State Withholding.** Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. For more information regarding the withholding requirements of your state of residence, see [www.pensionfund.org](http://www.pensionfund.org).

**Indicate your state of tax residence (if different than your home address in Section I)** \_\_\_\_\_.

### IV. MEMBER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I understand that I can also satisfy the RMD rules by taking another form of distribution from the TDRA, and that if I would like more information regarding these options, I can contact Pension Fund.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my elections and to provide services to me under the TDRA.

- I understand that Pension Fund will process my distribution request only if I am a member presently entitled to receive a distribution under the TDRA.
- I understand that I am required to provide proof of my age and the age of my beneficiary, **and that a copy of my and my beneficiary's birth certificate, passport, driver's license, or state issued identification card must be provided with this Application.**
- I certify that the information provided on this Application is accurate. I agree that I will timely notify Pension Fund of any changes to the information provided on this Application.

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

#### V. PENSION FUND AUTHORIZATION

The former Employer has confirmed that the member severed employment on \_\_\_\_/\_\_\_\_/\_\_\_\_ and/or, with respect to a minister, the Regional Minister has confirmed that the member is no longer in active ministry with any employer participating in the TDRA.

**Pension Fund Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name** \_\_\_\_\_

#### **Pension Fund of the Christian Church**

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