



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

Complete this *Traditional IRA Application for Required Minimum Distributions* if you want to request annual distributions equal to your required minimum distribution (RMD) from your Traditional IRA. You are required by law to begin taking RMDs from your Traditional IRA by April 1 of the calendar year following the calendar year in which you turn 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).

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.

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 *Traditional IRA Application for Distribution/Transfer*. If you do not either (i) timely notify Pension Fund that you are satisfying the RMD rules by taking a distribution from another IRA 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 an IRA owner, different rules apply. Complete the *Beneficiary Application for IRA Distributions*.

- PLEASE TYPE OR PRINT CLEARLY -

I. IRA OWNER INFORMATION

IRA Owner Name _____ Account No. _____
(first) (middle) (last/family name)

☐ Check here if there has been a change to your contact information on file.

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

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

II. PAYMENT OF DISTRIBUTION

Check the applicable box(es) below:

☐ I elect for my RMD to be distributed from IRA account no. _____.

☐ I have multiple IRAs, and I elect for my RMD to be distributed pro rata from all IRAs.

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.*

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. 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.

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.

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

IV. APPLICANT 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 IRA, 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 DCRA.
- I understand that Pension Fund will process my distribution request only if I am an IRA owner presently entitled to receive a distribution.
- 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 ____/____/____

Pension Fund of the Christian Church

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