

APPLICATION FOR ROLLOVER CONTRIBUTION TO TDRA

Complete this *Application for Rollover Contribution to TDRA* to rollover money from your former employer's retirement plan or a traditional IRA to your 403(b) account under the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"). You must already have a TDRA account or contemporaneously complete and return a *TDRA Enrollment Form* with this Application before you can rollover money to the TDRA. You may complete a rollover in one of two ways:

- ➤ **Direct Rollover**: You may instruct the plan administrator of a distributing plan to directly transfer the *pre-tax* amounts or the *Roth* amounts payable to you from the distributing plan to the TDRA. You may also instruct the custodian of a traditional IRA to directly transfer amounts payable to you from the traditional IRA, excluding *nondeductible* contributions, to the TDRA.
- ➤ Indirect Rollover: You may deposit the *pre-tax* amounts (but not *Roth* amounts) you already received from a distributing plan or amounts you received from a traditional IRA to the TDRA (excluding *nondeductible* contributions) within 60 days of the date you received the money from the distributing plan or IRA. If you miss the 60-day rollover deadline, you may be eligible to self-certify that you meet an exception to the 60-day rollover requirement by completing the *Certification for Late Rollover Contribution Form*.

NOTE: You cannot rollover to the TDRA nondeductible contributions payable to you from a traditional IRA or any amounts payable to you from a Roth IRA.

IMPORTANT: You cannot rollover any portion of a distribution that is necessary to satisfy the required minimum distribution (RMD) requirements under the distributing plan or IRA. You must satisfy any RMD requirements prior to a rollover, or leave the RMD amount in the distributing plan or IRA and withdraw it prior to the distribution deadline.

Complete a separate Application for each rollover.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION								
Name _			Account No (last/family)					
		(middle) change to your contact informati		(if also opening a TDRA, write "TBA")				
	-	change to your contact information	•					
				Zip Code				
II. RO	LLOVER INFORM	ATION						
Rollover	is a (check one only):							
	DIRECT ROLLOVER fro	om an employer retirement plan (4	01(a), 401(k), 403(b), or governn	nental 457(b)) or a traditional IRA.				
	Complete if any portion o	f the direct rollover is from a desig	nated Roth account from an emp	loyer retirement plan:				
	☐ 100% or ☐ \$_ plan.	of my di	rect rollover is from a designate	d Roth account under an employer retirement				
	My basis in the desig	gnated Roth account is \$	The first year	of contribution is				
		st recent account statement from attach documentation to substan		and, if the rollover contains amounts from a bove.				
	or a traditional IRA. Attadistribution and any fed	ach a copy of the distribution sta	tement from the distributing pla	01(a), 401(k), 403(b), or governmental 457(b)) an or IRA reflecting the gross amount of the lover past the 60-day deadline, also attach a				
	re a minister, check one: and in the exercise of my n		of my rollover repre	esents income for services performed while a				

M CD.	and the second			./G	
				count/Contract No	
-				Zip Code	
Rollover I over the fu	nstructions for Custodian	n/Trustee/Administrate account or contract ide	or of the Distributing Plan (1	for Direct Rollovers Only). Over to the TDRA, a section	Please roll
☐ Li di	quidate and process a partirect rollover to my TDRA	al distribution of \$account.	or	% of my account or co	ntract as a
Li	quidate and process a distr	ibution of my entire acco	ount or contract as a direct rollo	over to my TDRA account.	
MAKE CI	HECK PAYABLE TO:	Pension Fund of the C For the benefit of [<i>Ins</i>	Christian Church ert Name of Account or Contr	act Holder]	
III. MEN	MBER CERTIFICATION	ON AND SIGNATUR	RE		
By signing	g this Application, I mak	e the following certific	cations:		
• I o	certify that all of the follo	owing are true:			
•			nt plan under Code Section ental 457(b) plan; <u>and</u>	402(c)(8), which includes an	IRA and
•	The distribution is an	eligible rollover distrib	oution under Code Section 4	02(c)(4); <u>and</u>	
•	would be taxable to	me if directly distrib	buted to me, which means	bution consists only of amount of that the rollover does not us to an employer retirement	t include
•	The distribution does the distributing plan of			imum distribution requirem	ent under
•	TDRA within 60 days or I certify that my ci	after my receipt of the reumstances meet an	e distribution from the eligible exception to the 60-day rol	tted to my 403(b) account to ble retirement plan or traditional lover requirement, as provided	onal IRA, ded in the
by or	the distributing plan or	IRA. I also understan	nd that Pension Fund will re	s transaction and for any fees ly on the representations I h lity regarding the accuracy	ave made
• I1	nave attached a copy of t	he:			
$\sqrt{}$	Most recent account sta	tement from the distri	buting plan or traditional IR	A, if I am making a direct ro	llover.
$\sqrt{}$	Statement from the di includes amounts held			year of contribution, if the	rollover
$\sqrt{}$	Distribution statement : federal and state taxes			oss amount of the distribution	n and the
			an/trustee/administrator of the Fund in any form requested	he distributing plan or IRA label by Pension Fund.	to release
Manal	har Cianatura			Data / /	,

Member Signature ______ Date _____/_____

Return the completed Application, supporting financial statements, and either a check from the current trustee or custodian (direct rollover) or your personal check (indirect rollover) to Pension Fund at the address below.

IMPORTANT: Retain a copy of this completed Application for your records.

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

In reliance on the above certifications, Pension Fund agrees to accept the above rollover for the benefit of the above member, which will credited to the member's TDRA account.								
Pension Fund Representative _		Date _		/	_/			
[Do not write in this box – for Pension Fund use only]								