



APPLICATION FOR ROLLOVER/ TRANSFER TO TRADITIONAL IRA

Complete this *Application for Rollover/Transfer to Traditional IRA* to rollover or transfer money from your former employer's retirement plan or a traditional IRA to your Traditional IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"). You must already have a Traditional IRA under the DCRA or contemporaneously complete and return an *IRA Enrollment Form* along with this Application before you can rollover/transfer money into the Traditional IRA. If you would like to establish an "inherited IRA" with assets from a retirement plan or IRA under which you are a designated beneficiary, complete the *Inherited IRA Enrollment Form* instead of this Application.

A rollover/transfer can be accomplished in one of the following ways:

- **Direct Rollover:** You may instruct the plan administrator of the distributing plan to directly transfer the amounts payable to you under the retirement plan or IRA to your Traditional IRA under the DCRA. A direct rollover from a Roth retirement account is not permitted. A trustee-to-trustee transfer from an IRA is treated as a transfer, not a direct rollover.
- **Indirect Rollover:** After having received money from the distributing plan, you may deposit the amounts you received to your Traditional IRA under the DCRA, so long as the deposit is made within 60 days of the date you received the money from the distributing plan. An indirect rollover from a Roth retirement account or Roth IRA is not permitted. 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*.
- **Transfer:** You may request a trustee-to-trustee transfer from another traditional IRA to your Traditional IRA under the DCRA. You may also recharacterize a contribution made to another IRA (including a Roth IRA) as instead made to your Traditional IRA by requesting a transfer to your Traditional IRA that is made no later than the due date (including extensions) for your tax return for the tax year during which the contribution to the first IRA was made. This type of transfer is called a recharacterization. Note that a previous rollover from a pre-tax account or a traditional IRA to a Roth IRA (a "conversion") cannot be recharacterized.

You can make only one rollover from an IRA to another IRA in a 12 month period (this limit applies to all of your IRAs in aggregate). This limit does not apply to transfers (including recharacterizations), nor to rollovers from a traditional IRA to a Roth IRA (also known as a conversion).

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

You must complete a separate Application for each distribution eligible for rollover or transfer. Return the completed Application, supporting financial statements (i.e., a copy of the most recent account statement), and, if applicable, a check from the current trustee or custodian or, if an indirect rollover, your personal check, to:

Pension Fund of the Christian Church
P.O. Box 6251
Indianapolis, IN 46206-6251

IMPORTANT: Retain a copy of this completed Application for your records. For assistance, please call 317-634-4504 or toll-free 866-495-7322.

- PLEASE TYPE OR PRINT CLEARLY -

I. IRA OWNER INFORMATION

IRA Owner Name _____ Account No. _____
(first) (middle) (last/family name) (if also opening an IRA, write "TBA")

☐ *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 _____

II. ROLLOVER/TRANSFER INFORMATION (OTHER THAN RECHARACTERIZATIONS)

Rollover/transfer is a (*check one only*):

- ☐ Direct rollover from an employer retirement plan (401(a), 401(k), 403(b), or governmental 457(b)).
- ☐ Indirect rollover of a distribution paid to you from under an employer retirement plan or traditional IRA within 60 days of receipt. *If you are making an indirect rollover past the 60-day deadline, you must also attach a Certification for Late Rollover Contribution Form.*
- ☐ Transfer (trustee-to-trustee) from a traditional IRA.

A direct or indirect rollover from an employer retirement plan cannot include amounts held in a designated Roth account.

Attach a copy of the most recent account statement from the custodian/trustee/administrator of the distributing plan, or in the event of an indirect rollover, a copy of the distribution statement from the custodian/trustee/administrator of the distributing plan reflecting the gross amount of the distribution and any federal and state taxes withheld.

Name of Distributing Plan _____ Account/Contract No. _____

Name of Custodian/Trustee/Administrator _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Approximate Account Value \$ _____

Rollover/Transfer Instructions for Custodian/Trustee/Administrator of the Distributing Plan (for Direct Rollovers/Transfers Only). Please roll over or transfer the full or partial value of the account or contract identified above as a direct rollover or trustee-to-trustee transfer, as applicable, to the Traditional IRA under the DCRA, as follows:

- ☐ Liquidate and process a partial distribution of \$ _____ or _____ % of my account or contract as a direct rollover/transfer to my Traditional IRA.
- ☐ Liquidate and process a distribution of my entire account or contract as a direct rollover/transfer to my Traditional IRA account.

Remit proceeds by check made payable to:

**Pension Fund of the Christian Church
For the benefit of [insert name of account or contract holder]
P.O. Box 6251
Indianapolis, IN 46206-6251**

III. RECHARACTERIZATIONS

Complete this Section III if you are requesting the recharacterization of a contribution made to a Roth IRA ("first IRA") as having been made instead to this Traditional IRA. *This option is not permitted if the contribution made to the first IRA was a conversion from a traditional IRA or a rollover from a pre-tax account.*

- The amount of the contribution to the first IRA that is to be recharacterized is: \$ _____
- The date on which the contribution was made to the first IRA was: ____/____/____
- The tax year for which the contribution to the first IRA was remitted was: 20____ (If a distribution from a traditional IRA made in one tax year was rolled over into the first IRA in another tax year but within 60 days, the tax year for which the contribution to the first IRA was remitted is the year of distribution from the traditional IRA).

Your election to recharacterize and the transfer must both take place on or before the due date (including extensions) for filing your tax return for the tax year for which the contribution was made to the first IRA (generally, by October 15). An election to recharacterize an IRA contribution cannot be changed once a transfer is made.

Attach a copy of the most recent account statement from the trustee of the first IRA, reflecting the contribution to be recharacterized.

Name of first IRA _____ Account/Contract No. _____

Name of Trustee _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Approximate Account Value \$ _____

Recharacterization Instructions for Trustee of the first IRA. Please transfer in a trustee-to-trustee transfer the amount of the contribution identified above and any net income (or loss) allocation to the contribution to:

Pension Fund of the Christian Church
For the benefit of [insert name of account or contract holder]
P.O. Box 6251
Indianapolis, IN 46206-6251

If the recharacterization relates to two IRAs that are maintained by Pension Fund, and the amount to be recharacterized includes the entire balance of the first IRA, Pension Fund will redesignate the first IRA as the second IRA, rather than transferring the account balance.

IV. IRA OWNER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that all of the following are true:
 - The distributing plan/IRA is an eligible retirement plan under Code Section 402(c)(8), which includes an IRA, a 401(a) plan (including a 401(k) plan), a 403(a) plan, a 403(b) plan, or a governmental 457(b) plan; and
 - The distribution from the eligible retirement plan is an eligible rollover distribution under Code Section 402(c)(4) that is not: (i) one of a series of substantially equal periodic payments made for my life, for the joint lives of me and my designated beneficiary; or for a specified period of 10 years or more; (ii) a required minimum distribution under Code Section 401(a)(9); (iii) a hardship distribution; or (iv) a qualified disaster relief distribution; and
 - If the rollover is an indirect rollover, the distribution is being contributed to my Traditional IRA within 60 days after my receipt of the distribution from the eligible retirement plan, or I certify that my circumstances meet an exception to the 60-day rollover requirement, as provided in the attached *Certification for Late Rollover Contribution Form*; and
 - If the transfer is a recharacterization: (i) the transfer is being made to my Traditional IRA no later than the due date (including extensions) for filing my tax return for the tax year for which the contribution was made to the first IRA and (ii) the amount contributed to the first IRA was not a conversion from a traditional IRA or a rollover from a pre-tax account to a Roth IRA.
- I understand that I am responsible for determining and tracking the cost basis in my Traditional IRA.
- I understand that I am responsible for any tax consequences arising from this transaction and for any fees imposed by the distributing plan. I also understand that Pension Fund will rely on the representations I have made on this Application, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- In support of these certifications, I am attaching a copy of the most recent account statement from the distributing plan's custodian/trustee/administrator, or in the event of an indirect rollover, a copy of the distribution statement from the custodian/trustee/administrator reflecting the gross amount of the distribution and the federal and state taxes withheld. My signature on this Application authorizes the custodian/trustee/administrator of the distributing plan to release any and all information regarding my account to Pension Fund in any form requested by Pension Fund.

Traditional IRA Owner Signature _____ **Date** ____/____/____

V. ACCEPTANCE BY PENSION FUND

In reliance on the above certifications, Pension Fund agrees to accept the above direct or indirect rollover or transfer for your benefit. The direct or indirect rollover amount or transfer will be credited to your Traditional IRA under the DCRA.

Pension Fund Representative Signature _____ **Date** ____/____/____

Printed Name _____

Please remit a copy of this completed Application with a copy of the check for your direct or indirect rollover distribution or transfer to Pension Fund. The Application must be fully completed and signed in order for Pension Fund to process this request. It is very important that you make a photocopy of this 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