

Benefit Accumulation DEPOSIT Form

Name: _____

Address: _____

Your phone number: _____

Your BA Account No.: _____

Amount you wish to deposit: _____

Note: This *deposit* will be reflected on your next quarterly statement.

Pension Fund of the Christian Church
P.O. Box 660225
Indianapolis IN 46266-0225
Phone: 317.634.4504 Fax: 317.634.4071
Toll-free: 866.495.7322

115-D (7/05)

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