



- PLEASE TYPE OR PRINT CLEARLY -

I. APPLICANT INFORMATION

Name Mr. Mrs. Miss _____
 Ms. Rev. Dr. (first) (middle) (last/family)

Social Security No./ITIN _____ Birth Date ____/____/____ Gender: Male Female

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Cell Phone Number (____) _____

E-Mail Address _____

Citizenship: U.S. Other: _____ *If you are not a US citizen, you must have an ITIN to enroll.*

If Minister, check one: Ordained Commissioned Licensed Date of ordination/commission/license ____/____/____

Check if applicable: Self-Employed Minister Student under Student Gift Membership Program

Employer _____ Employer Contact _____

City _____ State _____ Country _____ Zip Code _____ - _____

Applicant's Position _____ Hire date ____/____/____ Date dues will begin ____/____/____

II. DUES INFORMATION

As a member, dues will be made to the Pension Plan on your behalf in accordance with your employer's Participation Agreement as a percentage of your Compensation Base. See *Compensation Base Resource Worksheet* for assistance in determining your Compensation Base.

Percentage Employer Dues. My employer will contribute employer dues equal to _____% of my Compensation Base.

Percentage Member Dues. Complete if your employer's Participation Agreement (i) permits each member to elect a different percentage of member dues on a pre-tax basis, (ii) permits an election between pre-tax or after-tax member dues, and/or (iii) permits each member to elect a different percentage of Compensation Base to determine dues. *Check one as applicable and complete.*

- My employer will reduce my salary in accordance with (i) my employer's Participation Agreement with Pension Fund or (ii) the salary reduction agreement that I have entered into with my employer to make pre-tax member dues to the Pension Plan.
- I hereby direct my employer to reduce my salary on a pre-tax basis by _____% of my Compensation Base. *Employer and member dues in aggregate must total 14% if you are a minister and at least 6% if you are not a minister. Your employer will receive a copy of this Enrollment Form to reflect the salary contribution agreement between you and your employer.*

Tax Treatment of Member Dues. Member dues will be paid as (check one) a pre-tax employee contribution
 an after-tax employee contribution

Compensation Base. My Compensation Base used to determine dues is \$ _____.

THE ABOVE ELECTIONS MUST BE PERMITTED UNDER THE EMPLOYER'S PARTICIPATION AGREEMENT. MEMBER DUES WILL BE WITHHELD FROM YOUR PAYCHECK AND PAID BY YOUR EMPLOYER TO THE PENSION PLAN.

III. FAMILY INFORMATION FOR SURVIVOR BENEFITS

Check Marital/Partner Status: Single Married Qualified Domestic Partnership Spouse/Partner's Gender: Male Female

Spouse/Partner Name _____ Social Security No./ITIN _____
(first) (middle) (last/family)

Spouse/Partner's Birth Date ____/____/____ Citizenship: U.S. Other: _____

Complete for each of applicant's **Natural Born Children** or **Legally Adopted Children** who are under age 21:

	Name (first, middle, last/family name)	Birth Date	Gender	Social Security No./ITIN
1		/ /	M / F	- - - - -
2		/ /	M / F	- - - - -
3		/ /	M / F	- - - - -

First Living Parent Name _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Social Security No./ITIN _____ - _____ - _____ Birth Date ____/____/____

Second Living Parent Name _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Social Security No./ITIN _____ - _____ - _____ Birth Date ____/____/____

IV. APPLICANT CERTIFICATION AND SIGNATURE

By signing this Enrollment Form, I make the following certifications:

- I agree to be bound by all terms of the Pension Plan, as it may be amended from time to time, and all administrative policies and procedures adopted by Pension Fund with respect to the Pension Plan.
- I understand that I can access the Pension Plan Member Resource Book and other information regarding the Pension Plan electronically at www.pensionfund.org, and that I can also request Pension Fund mail me a copy of the Pension Plan Member Resource Book.
- I certify that the information provided on this Enrollment Form is accurate, including my Social Security Number/ITIN. I agree that I will timely notify Pension Fund of any changes to the information provided on this Form, **including changes to the amount or type of dues, to my marital/partner status, and to the status of my children and parents.** I understand that failure to provide accurate and timely information may result in a reduction of my benefits.
- I understand that the personal information provided on this Enrollment Form will be used by Pension Fund to process my enrollment and to provide member services to me under the Pension Plan.
- I understand that if my employer's Participation Agreement permits members to each elect a different percentage of employee dues on a pre-tax basis, and I choose to change my elections reflected on this Enrollment Form or on a separate salary reduction agreement with my employer, I must complete and submit a Salary Contribution Agreement to my Employer which reflects that change before the effective date of the change.
- I understand that I may designate beneficiaries for all benefits under the Pension Plan that are not otherwise payable according to the terms of the Pension Plan by submitting a *Beneficiary Designation Form*, and that if I do not complete a *Beneficiary Designation Form*, the default beneficiary rules in the Pension Plan will apply.
- I understand that Pension Fund and the Pension Plan are exempt from the registration, regulation, and reporting requirements of the Securities Act of 1933, the Securities Exchange Act of 1945, the Investment Company Act of 1940, and state securities laws. Participants and beneficiaries are not afforded the protection of those laws with respect to their interest in the Pension Plan.
- I have attached the following documents to complete my application, as applicable:
 - ✓ Copy of my birth certificate, passport, driver's license, or state issued identification card
 - ✓ Beneficiary Designation Form
 - ✓ Copy of current ministerial credentials, if I am a minister
 - ✓ Copy of my marriage certificate/proof of marriage, if I am married
 - ✓ *Affidavit of Qualified Domestic Partnership* with supporting documentation, if I have a qualified domestic partner

Applicant Signature _____ Date ____/____/____

SEND FORM(S) WITH ATTACHMENTS TO:

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

Member ID No. _____ Enrollment Date ____/____/____

[Do not write in this box – for Pension Fund use only]