



**CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND**

3350 East Paris Avenue SE  
Grand Rapids MI 49512-3054

**APPLICATION FOR A CASH REFUND OR TRANSFER OF FUNDS  
NON-VESTED EMPLOYEE**

Having terminated my employment with a CSI member school and consequently also my active participation in the Christian School Pension Plan (the "Plan") prior to completion of the vesting requirement, I request:

\_\_\_\_\_ A refund of all my contributions, together with accrued interest, to me. By governmental regulations the taxable portion of this refund will have a mandatory withholding of 20% deducted before payment.

\_\_\_\_\_ A transfer of the taxable portion of my contributions with accrued interest to another qualified employer plan or an IRA and a refund in cash of the nontaxable portion of my contributions.. The Direct Rollover will be to:

IRA                       Qualified Employer Plan (Check one)

Investment firm for rollover: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attn: \_\_\_\_\_ Acct.#: \_\_\_\_\_ Check payable to: \_\_\_\_\_

I make this request fully aware that I may leave my contributions in the Trust Fund and receive a deferred pension equal to my accrued pension under the Plan commencing at age 65 (or in a reduced amount commencing at any time after age 55).

I have pension credits with the Canadian Christian School Pension Plan. \_\_\_ Yes \_\_\_ No

Marital Status:  Single                       Married

**If you are married, your spouse must give written notarized consent for you to obtain such refund.**

**SPOUSE CONSENT:**

As the spouse of the employee named below, I consent to a cash refund/transfer of employee funds from the Pension Trust Fund. I understand that this will result in the cancellation of all benefits to which my spouse would otherwise be entitled under the Christian School Pension Plan.

\_\_\_\_\_ Date \_\_\_\_\_  
Consent/Signature of Applicant's Spouse

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_

\_\_\_\_\_ (Stamp Seal Here)  
Signature of Notary Public

I understand that the acceptance of a cash refund cancels all rights to my accrued pension. I further understand that, subject to certain conditions which follow, upon reemployment and reenrollment in the Plan, I have the option to repay to the Trust Fund the full amount of my refund, plus interest from the date of the refund to the date of repayment; provided, however, that I have this option only if I make the repayment on or before five years have elapsed since the date of reemployment and if I have been reemployed before incurring a Break in Service of at least 60 consecutive months. In such event my prior service will count toward vesting and if my combined CSI employment ultimately satisfies the vesting requirement set forth above, I will be entitled to my full accrued pension plus the pension which I accrue after reemployment.

Employee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Ph \_\_\_\_\_

**OFFICE USE ONLY**

Date Paid _____	_____	Taxable Cont _____
Date Reviewed _____	Check No. _____	Contributions _____
Reviewed by _____	Initials _____	Interest _____
	Rollover Amt _____	Total _____
		OBRA Interest _____
		Fed Tax _____
		Net Refund _____