



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
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") after attaining the years of Credited Service necessary for vesting, 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 beginning at age 65 (or in a reduced amount beginning 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 this will result in a reduction in the benefits to which my spouse (and I, should his/her death occur before mine) would otherwise be entitled under the Christian School Pension Plan.

_____ Date _____
Consent/Signature of Applicant's Spouse Date

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 reduces my accrued pension by that portion thereof which is based on the accrued value of the cash refund.

Employee Name _____ Social Security No. _____

Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____ Ph _____

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