



(12/09)

INSTALLMENT PAYMENTS REQUEST

PERSONAL INFORMATION:

Date: _____

Name: _____ Member/Ministerial File No.: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____ Telephone No.: _____

SPOUSE:

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

I/WE UNDERSTAND THAT THIS ELECTION IS IRREVOCABLE. I/WE UNDERSTAND THAT THE AMOUNT OF EACH DISTRIBUTION CHECK MAY FLUCTUATE ACCORDING TO THE EARNINGS OF THE MINISTERS' RETIREMENT PLAN. I/WE ELECT TO RECEIVE DISTRIBUTION FROM THIS ACCOUNT AS FOLLOWS:

(Choose one of the following options:)

- Installment Payments for a minimum of 10 years.
- Installment payments for a period of _____ years. Such must be for a period longer than ten years but may not exceed life expectancy.
- Installment payments for the maximum number of years based on:
 - Single life expectancy of _____ years, or
 - Joint life expectancy of _____ years (not to exceed 30 years).

I WOULD LIKE FOR MY MONTHLY DISTRIBUTIONS TO START ON: _____, _____.
Month Year

This form must be completed and returned to the Benefits Board at least 30 days prior to the date listed above.

NOTE: All distributions will be made by electronic transfer to your bank/financial institutions on the first business day of each month.

IN WITNESS WHEREOF, my spouse and I have executed this election as of the date set forth above.

Member's signature _____ Date _____

Spouse's signature _____ Date _____

SUBSCRIBED AND AFFIRMED TO AND BEFORE ME, BOTH PARTIES SIGNING ABOVE,

this the _____ day of _____, 20____. _____ State _____ County

Notary Public

Accepted By: _____

My commission expires

Title

Date

NOTES

- Distributions will be made according to your election as indicated on the front page of this request form.
- Be sure to notify Benefits Board regarding any change of address.
- Be sure to notify Benefits Board if you wish to change a secondary beneficiary. (Spouse must be primary beneficiary.)
- If there is a change in marital status, member should notify the Benefits Board.
- All distributions to credentialed ministers are designated as “housing allowance” up to an amount not to exceed fair rental value, plus cost of utilities.
- All distributions are reported to the Internal Revenue Service on Form 1099-R.
- Distributions will be made by electronic transfer into your designated bank account or other financial agency. If there is a change in your choice of banks, please notify the Benefits Board.