

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 – on behalf of the Benefits Board, Inc.

Date

NOTES

- Distributions will be made according to your election as indicated on the front page of this request form.
- Be sure to notify the Benefits Board regarding any change of address.
- Be sure to notify the 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.
- Distributions from this “rolled-in” account are **NOT** designated as “housing allowance” by the Benefits Board.
- **All distributions are reported to the Internal Revenue Service as taxable income** 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.
- This Installment Payment Request (Roll-Ins) form may be used to set up distributions for accounts “rolled-in” to the Ministers’ Retirement Plan (MRP), as per changes made in the law by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). **This form and the terms allowed under such are subject to change.** Before you make a decision concerning your distribution schedule, you should contact your tax adviser, accountant, or financial planner.