

PARTIAL WITHDRAWAL APPLICATION

WDW610

PERSONAL INFORMATION:

Date: _____

Name: _____ Member/Ministerial File No.: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

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

TO PLAN ADMINISTRATOR:

I/We hereby elect to make a partial distribution from my Ministers' Retirement Plan account. Further, I /We understand there is a mandatory 20% federal income tax withholding. I also understand there may be certain state income tax liabilities that I am responsible for paying directly.

I elect to withdraw only the net lump-sum of \$_____. (After applicable taxes and fees.)

I UNDERSTAND THAT THIS WITHDRAWAL WILL REDUCE FUTURE PENSION BENEFITS AND THAT A SURRENDER FEE MAY APPLY.

IN WITNESS WHEREOF, MY SPOUSE AND I HAVE EXECUTED THIS ELECTION APPLICATION AS OF THE DATE SET FORTH HEREIN:

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

My commission expires