



• Post Office Box 4608 • Cleveland, Tennessee 37320-4608

SMALL ACCOUNT CASH-OUT

WDW630

PERSONAL INFORMATION:

Name: _____ Member/Ministerial File No.: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

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

Marital Status: Married Single/Widow(er)/Divorcee Separated

If you are no longer employed by a Church of God congregation, agency or related employer of the Church of God, and if the amount in your Ministers' Retirement Plan account is less than \$1,000, you can be paid your Pension Plan account balance in the form of a lump sum. Our records reflect that your current account balance as of _____ is \$_____. (NOTE: The amount in your account may change between now and the date of any payment to you based on the earnings experience of the investment funds you have selected.)

You should carefully review the attached Special Tax Notice Regarding Pension Plan Payments for information regarding the tax consequences with regard to your receipt of a lump sum payment. If you wish to receive a lump sum distribution of your account balance, you must complete this form and return it to the Benefits Board.

I HEREBY CERTIFY THAT I AM NO LONGER WORKING FOR A CHURCH OF GOD CONGREGATION OR RELATED EMPLOYER, AND I ELECT TO RECEIVE MY BENEFITS FROM THE MINISTERS' RETIREMENT PLAN IN THE FORM OF A LUMP SUM. I UNDERSTAND THAT BY RECEIVING THIS LUMP SUM PAYMENT, MY RIGHTS TO BENEFITS FROM THE PENSION PLAN ARE EXTINGUISHED. I ALSO UNDERSTAND THAT A SURRENDER FEE MAY APPLY.

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