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PARTIAL WITHDRAWAL APPLICATION - OVER 70½ YEARS OF AGE

WDW613

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 hereby elect to take a partial distribution from my Ministers' Retirement Plan account. Further, I understand that the distribution will be reported as taxable income to the Internal Revenue Service. I also understand there may be certain state income tax liabilities as a result of this distribution.

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

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

TAXES (CHOOSE ONE):

I elect to have Federal Income Taxes (20%) withheld.

I elect **not** to have Federal Income Taxes withheld. *(NOTE: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the withdrawal. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.)*

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