

LUMP SUM DISTRIBUTION

WDW620

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

You have indicated that you wish to receive your retirement benefits under the Church of God Ministers' Retirement Plan in a lump sum. Please be advised that other options for distribution are available that could possibly reduce your tax liability.

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 ELECT TO RECEIVE MY BENEFITS FROM THE CHURCH OF GOD BENEFITS BOARD, INC. IN THE FORM OF A LUMP SUM PAYMENT. I UNDERSTAND THAT, BY RECEIVING THIS LUMP SUM PAYMENT, MY RIGHTS TO BENEFITS FROM THE MINISTERS' RETIREMENT 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