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

## **REQUEST FOR MINIMUM REQUIRED DISTRIBUTION**

## TRADITIONAL, BEFORE-TAX ACCOUNT ROTH 403(β) AFTER-TAX ACCOUNT

WDW640 (1/22)

According to our records, you have attained at least the age of 72. The Internal Revenue Code provides that, for the
retired participant, a minimum required distribution must be made for the year in which a participant reaches age 72
and for each year thereafter. Based upon your life expectancy and, if applicable, your beneficiary's life expectancy (as
determined by IRS tables), the minimum required distribution amount has been calculated for you. (Participants who
do not take the required minimum distribution in a taxable year are required to pay to the IRS a non-deductible excise
tax of 50% of the difference between the required amount and the amount actually distributed.) Please respond
before November 1.

<b>PERSONAL INFORM</b> Name: First:		: Last:	Membe	r/Ministerial File No.	:	
				,		
				Zip Code:		
Date of Birth:// Telephone No.:			Soc. So	Soc. Sec. No.:		
E-mail address:		@				
Marital Status: 🗖 Marrie	ed 🛛 Single 🗳	Widow/Widower	Gender: 🗖 Male	Female		
of G	reby request a v	vithdrawal of \$	from my acco r to comply with the Min			
I understand that mo ministers) are subjec	st withdrawals ( t to Federal inco ct <u>TO HAVE</u> Fede	exceptions may apply me tax. I also underst RAL INCOME TAX (20%)	L, BEFORE-TAX ACCO to distributions qualifyi and there may be certai WITHHELD FROM MY TRADI %) WITHHELD FROM MY TR	ing as "housing allov in state income tax l ITIONAL, BEFORE-TAX A	liabilities. ΑccoυΝΤ.	
DATE AND SIGNATU	JRE (If married,	both you and your sp	oouse must sign.)			
Member's signature				Date		
Spouse's signature				Date		
SUBSCRIBED AND AFFIRM	1ed to and befor	E ME, BOTH PARTIES SIGN	ING ABOVE,			
this the da	y of	, 20				
			State	(	County	
My commission expires				Notary Public		