Benefits Board Post Office Box 4608 Cleveland, Tennessee 37320-4608

# REQUEST FOR MINIMUM REQUIRED DISTRIBUTION - Widow

❑ TRADITIONAL, BEFORE-TAX ACCOUNT ❑ ROTH 403(B) AFTER-TAX ACCOUNT **WDW640W (01/22)**

According to our records, **your deceased spouse** would have attained at least the age of 72. The Internal Revenue Code provides that a minimum required distribution must be made for the year in which your deceased spouse would have reached age 72 and for each year thereafter. Based upon age (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 by November 1.**

## PERSONAL INFORMATION:

Name: First: ___________________MI: ____ Last: ______________________ Member/Ministerial File No.: ___________

Home Address: ____________________________________________________________________________________

City: ________________________________ State: ________________________ Zip Code: __________

Date of Birth: _____/_____/_____ Telephone No.: __________________ Soc. Sec. No.: _______________________

E-mail address: ________________________________@_____________________________

Marital Status: ❑ Married ❑ Single ❑ Widow/Widower Gender: ❑ Male ❑ Female

## WITHDRAWAL INFORMATION (*Check one box*)

☐ I hereby request a withdrawal of $______________ from my account in the Church of God Ministers' Retirement Plan in order to comply with the Minimum Required distribution rules.

## TAX WITHHOLDING INFORMATION FOR TRADITIONAL, BEFORE-TAX ACCOUNTS *ONLY* (CHOOSE ONE):

I understand that most withdrawals (exceptions may apply to distributions qualifying as "housing allowance" for ministers) are subject to Federal income tax. I also understand there may be certain state income tax liabilities.

☐ **I ELECT TO HAVE FEDERAL INCOME TAXES (20%) WITHHELD FROM MY TRADITIONAL, BEFORE-TAX ACCOUNT.**

☐ **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.)* ***If you do not expect to be required to file a tax return, check this box.***

## DATE AND SIGNATURE (*If married, both you and your spouse must sign.*)

**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

___________________________________ ______________________________________________

My commission expires Notary Public