



• Post Office Box 4608 • Cleveland, Tennessee 37320-4608
(423) 478-7131 (877) 478-7190 toll free www.benefitsboard.com

BENEFICIARY PARTIAL DISTRIBUTION

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

WDW628 (08/22)

PERSONAL INFORMATION:

Name: First: _____ MI: _____ Last: _____ Beneficiary File No.: _____

Mailing 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

You have indicated that you wish to receive, by a partial withdrawal, a portion of the funds that have been placed into a special beneficiary-designated account in the Church of God Ministers' Retirement Plan. Under the plan document, beneficiary withdrawals can be made in a single incident or on multiple occasions.

If you wish to receive a partial distribution from your beneficiary account, you must complete this form and return it to the Benefits Board. It is suggested that you contact a professional tax adviser before any decision is made to receive the amounts that are due you as a beneficiary of this tax-deferred retirement account. All distributions will be reported as taxable income to the Internal Revenue Service.

I HEREBY ELECT TO RECEIVE \$ _____ (NET AMOUNT) IN THE FORM OF A PARTIAL DISTRIBUTION FROM MY BENEFICIARY ACCOUNT AT THE CHURCH OF GOD BENEFITS BOARD, INC. I UNDERSTAND THAT BY ACCEPTING THIS PAYMENT, I AM RECEIVING ONLY A PORTION OF THE BENEFITS THAT I AM ENTITLED TO FROM THE MINISTERS' RETIREMENT PLAN. I ALSO UNDERSTAND 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 and State Income Taxes 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.)*

Beneficiary's signature _____ Date _____

SUBSCRIBED AND AFFIRMED TO AND BEFORE ME,

this the _____ day of _____, 20____.

State _____

County _____

My commission expires _____

Notary Public _____