



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

REQUEST FOR MINIMUM REQUIRED DISTRIBUTION ROLL-INS

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(B) AFTER-TAX ACCOUNT

WDW645 (01/22)

According to our records, you 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 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 as shown below. *(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.**

PERSONAL INFORMATION:

Name: First: _____ MI: _____ Last: _____ Member/Ministerial 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

WITHDRAWAL INFORMATION

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:

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 TAX (20%) WITHHELD FROM MY TRADITIONAL, BEFORE-TAX ACCOUNT.

_____ I ELECT **NOT** TO HAVE FEDERAL INCOME TAX (20%) WITHHELD FROM MY TRADITIONAL, BEFORE-TAX ACCOUNT.

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