



(12/07)

### INSTALLMENT PAYMENTS REQUEST

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Member/Ministerial File No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**SPOUSE:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

**I/WE UNDERSTAND THAT THIS ELECTION IS IRREVOCABLE. I/WE UNDERSTAND THAT THE AMOUNT OF EACH DISTRIBUTION CHECK MAY FLUCTUATE ACCORDING TO THE EARNINGS OF THE MINISTERS' RETIREMENT PLAN. I/WE ELECT TO RECEIVE DISTRIBUTION FROM THIS ACCOUNT AS FOLLOWS:**

*(Choose one of the following options:)*

- Installment Payments for a minimum of 10 years.
- Installment payments for a period of \_\_\_\_\_ years. Such must be for a period longer than ten years but may not exceed life expectancy.
- Installment payments for the maximum number of years based on:
  - Single life expectancy of \_\_\_\_\_ years, or
  - Joint life expectancy of \_\_\_\_\_ years (not to exceed 30 years).

**I WOULD LIKE FOR MY MONTHLY DISTRIBUTIONS TO START ON:** \_\_\_\_\_, \_\_\_\_\_.  
Month Year

*This form must be completed and returned to the Benefits Board at least 30 days prior to the date listed above.*

NOTE: All distributions will be made by electronic transfer to your bank/financial institutions on the first business day of each month.

**IN WITNESS WHEREOF, my spouse and I have executed this election as of the date set forth above.**

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

Accepted By: \_\_\_\_\_

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## NOTES

- Distributions will be made according to your election as indicated on the front page of this request form.
- Be sure to notify Benefits Board regarding any change of address.
- Be sure to notify Benefits Board if you wish to change a secondary beneficiary. (Spouse must be primary beneficiary.)
- If there is a change in marital status, member should notify the Benefits Board.
- All distributions to credentialed ministers are designated as “housing allowance” up to an amount not to exceed fair rental value, plus cost of utilities.
- All distributions are reported to the Internal Revenue Service on Form 1099-R.
- Distributions will be made by electronic transfer into your designated bank account or other financial agency. If there is a change in your choice of banks, please notify the Benefits Board.