

INSTALLMENT PAYMENTS REQUEST – (ROLL-INS)

PERSONAL INFORMATION:

Date: _____

Name: _____ Member 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 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:)

 Fixed Amount per Month

I wish to receive distributions of \$_____ each month.

 Fixed Term (*payable monthly*)

I wish to deplete the entire balance of my account over _____ years.

 Minimum Required Distribution: I wish to receive only the amount required to be distributed under the Internal Revenue Code. I request distributions

- Monthly
 Annually

I WOULD LIKE FOR MY 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.

TAX WITHHOLDING INFORMATION

I understand that my withdrawals are subject to Federal income tax. I also understand there may be certain state income tax liabilities.

Instructions: If you do not want Federal Income Tax (20%) withheld from your withdrawal, sign and date this election. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You also 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.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX (20%) WITHHELD FROM MY WITHDRAWAL.

Signed _____ Date _____

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 – on behalf of the Benefits Board, Inc.

Date

NOTES

- Distributions will be made according to your election as indicated on the front page of this request form.
- Be sure to notify the Benefits Board regarding any change of address.
- Be sure to notify the 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.
- Distributions from this “rolled-in” account are **NOT** designated as “housing allowance” by the Benefits Board.
- **All distributions are reported to the Internal Revenue Service as taxable income** 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.
- This Installment Payment Request (Roll-Ins) form may be used to set up distributions for accounts “rolled-in” to the Ministers’ Retirement Plan (MRP), as per changes made in the law by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). **This form and the terms allowed under such are subject to change.** Before you make a decision concerning your distribution schedule, you should contact your tax adviser, accountant, or financial planner.