Benefits Board *Office Box 4608 • Cleveland, Tennessee 37320-4608*

SMALL ACCOUNT CASH-OUT

WDW630

PERSONAL INFORMATION:

Name: _____ Member No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____ Telephone No.: _____

Marital Status: ☐ Married ☐ Single/Widow(er)/Divorcee ☐ Separated

If you are no longer employed by a Church of God congregation, agency or related employer of the Church of God, and if the amount in your Ministers' Retirement Plan account is less than $1,000, you can be paid your Pension Plan account balance in the form of a lump sum. Our records reflect that your current account balance as of _____ is $_____. (*NOTE: The amount in your account may change between now and the date of any payment to you based on the earnings experience of the investment funds you have selected*.)

You should carefully review the attached Special Tax Notice Regarding Pension Plan Payments for information regarding the tax consequences with regard to your receipt of a lump sum payment. If you wish to receive a lump sum distribution of your account balance, you must complete this form and return it to the Benefits Board.

I HEREBY CERTIFY THAT I AM NO LONGER WORKING FOR A CHURCH OF GOD CONGREGATION OR RELATED EMPLOYER, AND I ELECT TO RECEIVE MY BENEFITS FROM THE MINISTERS' RETIREMENT PLAN IN THE FORM OF A LUMP SUM. I UNDERSTAND THAT BY RECEIVING THIS LUMP SUM PAYMENT, MY RIGHTS TO BENEFITS FROM THE PENSION PLAN ARE EXTINGUISHED.

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 My commission expires