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

# LUMP SUM DISTRIBUTION

WDW620

**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

You have indicated that you wish to receive your retirement benefits under the Church of God Ministers' Retirement Plan in a lump sum. Please be advised that other options for distribution are available that could possibly reduce your tax liability.

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 ELECT TO RECEIVE MY BENEFITS FROM THE CHURCH OF GOD BENEFITS BOARD, INC. IN THE FORM OF A LUMP SUM. I UNDERSTAND THAT, BY RECEIVING THIS LUMP SUM PAYMENT, MY RIGHTS TO BENEFITS FROM THE MINISTERS' RETIREMENT 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