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PARTIAL WITHDRAWAL APPLICATION - OVER 70½ YEARS OF AGE

WDW613

PERSONAL INFORMATION:

Date: _____

Name: _____ Member No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

TO PLAN ADMINISTRATOR:

I hereby elect to take a partial distribution from my Ministers' Retirement Plan account. Further, I understand that the distribution will be reported as taxable income to the Internal Revenue Service. I also understand there may be certain state income tax liabilities as a result of this distribution.

- I elect to withdraw only the net lump-sum of \$_____. (After applicable taxes and fees, if any.)
- I elect not to have Federal Income Tax (20%) withheld from the payment.

I UNDERSTAND THAT THIS WITHDRAWAL WILL REDUCE FUTURE PENSION BENEFITS.

IN WITNESS WHEREOF, MY SPOUSE AND I HAVE EXECUTED THIS ELECTION APPLICATION AS OF THE DATE SET FORTH HEREIN:

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