



Post Office Box 4608 • Cleveland, Tennessee 37320-4608
423) 478-7131 • (877) 478-7190 toll free • www.benefitsboard.com

LUMP SUM DISTRIBUTION – OVER 70½ YEARS OF AGE

WDW623

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, IN THE FORM OF A LUMP SUM, MY BENEFITS FROM THE CHURCH OF GOD BENEFITS BOARD, INC. I UNDERSTAND THAT, BY ACCEPTING THIS LUMP SUM PAYMENT, I AM RECEIVING ALL BENEFITS THAT I AM ENTITLED TO FROM THE MINISTERS' RETIREMENT PLAN. I FURTHER ELECT NOT TO HAVE FEDERAL INCOME TAX (20%) WITHHELD FROM THE PAYMENT. (NOTE: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the withdrawal. You 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.)

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