



### BENEFICIARY LUMP SUM DISTRIBUTION

WDW625

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Beneficiary Account 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, by lump sum payment, the funds that have been moved into a special beneficiary-designated account under the Church of God Ministers' Retirement Plan. Under the plan document, please be advised that you have up to one year to withdraw all the funds that have passed to you. Withdrawal can be made in a single incident or on multiple occasions.

Our records reflect that your beneficiary 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 invested funds.)

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. It is suggested that you contact a professional tax adviser before any decision is made to receive the amounts that are due you as a beneficiary of this tax-deferred retirement account. All distributions will be reported as taxable income to the Internal Revenue Service.

**I HEREBY ELECT TO RECEIVE, IN THE FORM OF A LUMP SUM PAYMENT, MY BENEFICIARY BENEFITS FROM THE ACCOUNT OF \_\_\_\_\_, CURRENTLY HELD BY 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.)**

Beneficiary's signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND AFFIRMED TO AND BEFORE ME,**

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_