



BENEFICIARY PARTIAL DISTRIBUTION

WDW628

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 a partial withdrawal, a portion of 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 partial distribution from your beneficiary account, 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 PARTIAL DISTRIBUTION FROM MY BENEFICIARY BENEFITS FROM THE ACCOUNT OF _____, CURRENTLY HELD BY THE CHURCH OF GOD BENEFITS BOARD, INC. I UNDERSTAND THAT, BY ACCEPTING THIS PAYMENT, I AM RECEIVING A PORTION OF THE BENEFITS THAT I AM ENTITLED TO FROM THE MINISTERS' RETIREMENT PLAN, AND UNDERSTAND THAT THE REMAINING BALANCE MUST BE TAKEN WITHIN ONE YEAR OF THE PARTICIPANT'S DEATH. 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