

REQUEST FOR MINIMUM REQUIRED DISTRIBUTION - Widow(er)

☐ TRADITIONAL, BEFORE-TAX ACCOUNT

☐ ROTH 403(B) AFTER-TAX ACCOUNT

WDW640W (07/23)

According to our records, **your deceased spouse** would have attained at least the age of 73 this year. The Internal Revenue Code provides that a required minimum distribution must be made for the year in which your deceased spouse would have reached age 73 and for each year thereafter. Based upon age (as determined by IRS tables), the required minimum distribution amount has been calculated for you. (*Participants who do not take the required minimum distribution in a taxable year are required to pay to the IRS a non-deductible excise tax of 25% of the difference between the required amount and the amount actually distributed.) Please respond by November 1.*

PERSONAL INFORMATION:			
Name: First:	MI: Last:	N	Member/Ministerial File No.:
Home Address:			
City:	State:		Zip Code:
Date of Birth:/	Telephone No.:		Soc. Sec. No.:
E-mail address:			
Marital Status: ☐ Married ☐ Singl	e 🖵 Widow/Widower	Gender:	☐ Male ☐ Female
WITHDRAWAL INFORMATION	ON (Check one box)		
	LY the Required Minimum Di	istribution.	
	uest a withdrawal of \$ must be greater than the Re		
TAX WITHHOLDING INFOR	MATION FOR TRADITIONA	L, BEFORE-TAX	ACCOUNTS ONLY (CHOOSE ONE):
ministers) are subject to Fede IELECT TO HAV IELECT NOT T you are liable for payr	ral income tax. I also underst E FEDERAL INCOME TAXES (20%) TO HAVE FEDERAL INCOME TAXES ment of Federal Income Tax on the wit payments of estimated tax and withhou	withheld from M' Withheld (Note: Every throng)	qualifying as "housing allowance" for e certain state income tax liabilities. Y TRADITIONAL, BEFORE-TAX ACCOUNT. en if you elect not to have Federal Income Tax withheld, ubject to tax penalties under the estimated tax dequate.) If you do not expect to be required to file a
DATE AND SIGNATURE (If m	narried, both you and your s	pouse must sign.)
Member's Signature:			Date:
Spouse's Signature:			Date:
SUBSCRIBED AND AFFIRMED TO AN	D BEFORE ME, BOTH PARTIES SIGN	IING ABOVE,	
this the day of	,20	State	County
My commission expires		 Notary Public	