

• Post Office Box 4608 • Cleveland, Tennessee 37320-4608

REQUEST FOR REQUIRED MINIMUM DISTRIBUTION - ROLL-INS

☐ TRADITIONAL, BEFORE-TAX ACCOUNT

☐ ROTH 403(B) AFTER-TAX ACCOUNT

WDW645 (07/23)

According to our records, you have attained at least the age of 73. The Internal Revenue Code provides that, a required minimum distribution must be made for the year in which a participant reaches age 73 and for each year thereafter. Based upon your life expectancy and, if applicable, your beneficiary's life expectancy (as determined by IRS tables), the required minimum distribution amount has been calculated for you as shown below. (*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 before November 1**.

PERSONAL I	NFORMA	ΓΙΟN:						
Name: First:		MI: Last:		Memb	Member/Ministerial File No.:			
Mailing Addre	ess:							
City:				State:		Zip Code:		
Date of Birth:	ate of Birth:/		Telephone N	No.: Soc. Sec. No.		Sec. No.:		
E-mail address	s:							
Marital Status:	Status: Married Single Widow/Widower		wer	Gender: ☐ Male ☐ Female				
WITHDRAW	AL INFOR	MATION						
1	□ Ireque	est ONLY tl	ne Required Mir	nimum Distril	bution.			
☐ I hereby request a withdrawal of \$ (NET AMOUNT) from my account (the amount must be greater than the Required Minimum Distribution amount).								
ministers) are	e subject to	TO HAVE I TO HAVE I TO NOT TO d, you are lial ent rules if you	FEDERAL INCOME THAVE FEDERAL for payment of Fe	o understand TAX (20%) WIT L INCOME Ta detail Income Ta	distributions qualify there may be certal the	oin state incording the state incording the state in state in the stat	me tax liabilities. RE-TAX ACCOUNT. elect not to have Federal	
			ad bath you a	nd vour chou	so must sign \			
		.,	ed, both you ai	, ,	5 ,	Data		
					Date			
Spouse's sign	ature					Date		
SUBSCRIBED AN	ID AFFIRME	TO AND BE	FORE ME, BOTH PA	ARTIES SIGNING	ABOVE,			
this the	day d	of	, 20_	·				
					State		County	
My commission expires					Notary Public			