



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

REQUEST FOR MINIMUM REQUIRED DISTRIBUTION – SECONDARY BENEFICIARIES

☐ TRADITIONAL, BEFORE-TAX ACCOUNT

☐ ROTH 403(b) AFTER-TAX ACCOUNT

WDW640B

New clarification of the Internal Revenue Code provides that, a minimum required distribution must be made beginning the year after the death of the participant and every year thereafter. Based upon your age in this year (as determined by IRS tables), the minimum required 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 50% of the difference between the required amount and the amount actually distributed.*) Please respond by November 1.

PERSONAL INFORMATION:

Name: First: _____ MI: _____ Last: _____ Member/Ministerial File No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Telephone No.: _____ Soc. Sec. No.: _____

E-mail address: _____@_____

Marital Status: ☐ Married ☐ Single ☐ Widow/Widower Gender: ☐ Male ☐ Female

WITHDRAWAL INFORMATION

☐ I hereby request a withdrawal of \$_____ from my account in the Church of God Ministers' Retirement Plan in order to comply with the Minimum Required Distribution rules.

TAX WITHHOLDING INFORMATION FOR TRADITIONAL, BEFORE-TAX ACCOUNTS ONLY:

I understand that withdrawals are subject to Federal income tax. I also understand there may be certain state income tax liabilities.

_____ I ELECT **TO HAVE** FEDERAL INCOME TAX (20%) WITHHELD FROM MY TRADITIONAL, BEFORE-TAX ACCOUNT.

_____ I ELECT **NOT** TO HAVE FEDERAL INCOME TAX (20%) WITHHELD FROM MY TRADITIONAL, BEFORE-TAX ACCOUNT.

(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.) If you do not expect to be required to file a tax return, check this box.

DATE AND SIGNATURE (If married, both you and your spouse must sign.)

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 _____

My commission expires _____

Notary Public