

• Post Office Box 4608 • Cleveland, Tennessee 37320-4608 (423) 478-7131 (877) 478-7190 toll free www.benefitsboard.com

BENEFICIARY PARTIAL DISTRIBUTION

☐ TRADITIONAL, BEF		OTH 403(b) AFTER-TAX ACCOUNT	WDW628
PERSONAL INFORMATIO	ON:		
Name: First:	MI: Last:	Beneficiary File	No.:
Mailing Address:			
City:	State:	Z	ip Code:
Date of Birth:/	/ Telephone No.:	Soc. Sec. No.:	
E-mail address:			
Marital Status: ☐ Married ☐	☐ Single ☐ Widow/Widower	Gender: ☐ Male ☐ Female	
placed into a special beneplan document, beneficial Our records reflect that y (Note: The amount in you earnings experience of the lifty ou wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it to the Benefits Emade to receive the amount in your preturn it to the Benefits Emade to receive the amount in your preturn it to the Benefits Emade to receive the amount in your preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it to the Benefits Emade to receive the amount in your preturn it you wish to receive a preturn it you wish to receive a preturn it you wish to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish to receive the amount in your preturn it you wish your preturn it you wish you wish your preturn it your preturn it you wish your preturn it you wish your preturn it yo	wou wish to receive, by a partial we ficiary-designated account in the ary withdrawal can be made in a secount balance or account may change between the invested funds.) artial distribution from your beneficiard. It is suggested that you content that are due you as a beneficted as taxable income to the Intention of the second of the se	e Church of God Ministers' Retires single incident or on multiple occurs as of is \$ is \$ is \$ is \$ is \$	ement Plan. Under the casions. Int to you based on the lete this form and pefore any decision is
FROM THE ACCOUNT OF UNDERSTAND THAT, BY ACCE FROM THE MINISTERS' RETIR HAVE FEDERAL INCOME TAX withheld, you are liable for	IN THE FORM OF CURRENTLY CURRENTLY CURRENTLY PTING THIS PAYMENT, I AM RECEIVING EMENT PLAN. I ALSO UNDERSTAND THE (20%) WITHHELD FROM THE PAYMENT PAYMENT of Federal Income Tax of examine trules if your payments of examine trules if your payments of examine trules if your payments of examine trules if your payments.	HELD BY THE CHURCH OF GOD BENEI ONLY A PORTION OF THE BENEFITS TH HAT A SURRENDER FEE MAY APPLY. I FO T. (NOTE: Even if you elect not to hand the withdrawal. You may be sub-	FITS BOARD, INC. I HAT I AM ENTITLED TO JRTHER ELECT <u>NOT</u> TO have Federal Income Ta bject to tax penalties
Beneficiary's signature _		Date	
SUBSCRIBED AND AFFIRMED	TO AND BEFORE ME,		
this the day of	, 20	State	County
My commission expires		Notary Public	