

REQUEST FOR MINIMUM REQUIRED DISTRIBUTION

☐ TRADITIONAL, BEFORE-TAX ACCOUNT

☐ ROTH 403(B) AFTER-TAX ACCOUNT

WDW640

According to our records, you have attained at least the age of 70½. The Internal Revenue Code provides that, <u>for the retired participant</u>, a minimum required distribution must be made for the year in which a participant reaches age 70 ½ and for each year thereafter. Based upon your life expectancy and, if applicable, your beneficiary's life expectancy (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:	Membe	r/Ministerial File No.:
Mailing Address:			
City:	State:		Zip Code:
Date of Birth:/ Telep	/ Telephone No.: Soc. Sec. No.:		
E-mail address:	@		
Marital Status: Married Single Wide	ow/Widower	Gender: 🗖 Male	☐ Female
WITHDRAWAL INFORMATION (Check of I hereby request a without of God Ministers' Retirement Distribution rules.	lrawal of \$		
☐ I am not presently retired until the year I retire. (If and return this form by I	delaying a MRD payı	-	•
I understand that most withdrawals (exceministers) are subject to Federal income to **Instructions:* If you want Federal election. Even if you elect not to Income Tax on the taxable portio estimated tax payment rules if you	ax. I also understand Income Tax (20%) w have Federal Income n of your withdrawa	I there may be certai ithheld from your wit Tax withheld, you ar I. You also may be su	n state income tax liabilities. chdrawal, sign and date this re liable for payment of Federal bject to tax penalties under the
I ELECT <u>TO HAVE</u> FEDERAL INCOME TAX	(20%) WITHHELD FROM	M MY TRADITIONAL, BEF	ORE-TAX ACCOUNT WITHDRAWAL.
Signed		Date _	
DATE AND SIGNATURE (If married, both	h you and your spou	ıse 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		•	
		State	County
My commission expires		Notary Public	