

REQUEST for DISTRIBUTION from a 403(b) PLAN and AFFIRMATIVE ELECTION FORM

Distributions due to the death of a Plan Participant can be requested on the Beneficiary Election and Request for Distribution Form.

Section A: General Information		
Participant:		
Address:	Phone/Email:	
SSN:	Date of Birth:	
Employer:	Employer Identification #:	
Address:		
Name of Distributing Plan: Brethren in Christ U.S. 403(b)(9) Plan		
In accordance with the terms of the above-named Plan, I hereby request that distribution from such Plan be made in the manner indicated below. I understand that the Plan Administrator will make the final decision as to whether a distribution is appropriate under the terms of the Plan and as to the timing and the form of distribution.		
Section B: Marital Status of Participant		
<input type="checkbox"/> 1	I certify that I am not married _____ (Participant's initials)	
<input type="checkbox"/> 2	I certify that I am married _____ (Participant's initials). My spouse's consent appears in Section I.	
	My spouse's name is _____ My spouse's birth date is _____	
Section C: Distribution Reason		
I direct the Custodian or Trustee to make a distribution from the above account based on the reason indicated below. I realize that additional forms may be required as noted.		
Check the Appropriate Reason for Distribution	Description of Reason for Distribution	
<input type="checkbox"/> 1	Early (premature, under age 59 ½) distribution upon reaching a distributable event. No known exception	This applies to rollover distributions; separation from service before age 55; substantially equal payments after separation unless custodian tracks; qualified reservist distributions; plan termination.
<input type="checkbox"/> 2	Early (premature, under age 59 ½) distribution, upon reaching a distributable event. Exception applies	This applies to separation from service or plan termination after age 55; substantially equal payments after separation if custodian tracks; QDRO distribution; IRS Levy; permissive withdrawal from a plan with automatic enrollment.
<input type="checkbox"/> 3	Normal Distribution	You are the Participant and age 59 ½ or older and have met a distributable event, such as separation from service; plan termination.
<input type="checkbox"/> 4	Required Minimum Distribution Upon Attainment of Age 70 ½ or Retirement	Refer to the Required Minimum Distribution Worksheet for details. The required amount is based on the attained age of the Participant in the distribution calendar year and the factor from the applicable Distribution Period Table.
<input type="checkbox"/> 5	Permanent disability	You are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
<input type="checkbox"/> 6	Prohibited Transaction	A transaction violated the Prohibited Transaction rules within the meaning of section 4975 of the Internal Revenue Code.
<input type="checkbox"/> 7	Removal of: <input type="checkbox"/> Excess Deferrals <input type="checkbox"/> Excess Contributions <input type="checkbox"/> Excess Aggregate Contributions <input type="checkbox"/> Excess 415 under sections 401(k), 401(m), and 402(g), and 415	See Instructions on Form 1099-R for proper reporting requirements regarding removal of excess contributions and associated earnings, if applicable.
<input type="checkbox"/> 8	In-Service Distribution (check the appropriate type)	<input type="checkbox"/> Attainment of Age 59 ½; <input type="checkbox"/> Hardship Distribution; <input type="checkbox"/> 24 month rule (does not apply to Elective Deferrals) (annuity only) <input type="checkbox"/> 60 month participation rule (does not apply to Elective Deferrals) (annuity only) <input type="checkbox"/> Other plan distribution option (specify): _____
<input type="checkbox"/> 9	Direct Rollover to another eligible plan upon reaching a distributable event	This form constitutes an affirmative election to select a Direct Rollover, and certifies that you have received and read the Special Tax Notice provided by the distributing plan.
<input type="checkbox"/> 10	Direct Rollover Conversion to a Roth IRA upon reaching a distributable event	This form constitutes an affirmative election to select a Direct Rollover, and certifies that you have received and read the Special Tax Notice provided by the distributing plan.
<input type="checkbox"/> 11	Housing Allowance for Retired Ministers	Payer agrees to issue Form 1099-R with "0" in Box 2a and to check the "taxable amount not determined" box

<input type="checkbox"/> 12	Other (specify): _____	Such distribution must be permitted under the plan.		
Section D: Affirmative Election				
You may elect a Payment to you (item 2), a Direct Rollover (items 3 or 4), a Direct Conversion to a Roth IRA (item 5). Complete item 1 and then select from items 2 through 6 below. For requests of distributions to more than one destination, please complete a separate form for each destination.				
1	I hereby elect to have the benefit under the employer plan named above paid to me in the manner described in items 2 through 5. I am the:			
	<input type="checkbox"/> a	Plan Participant	<input type="checkbox"/> b	Spouse or Former Spouse Alternate Payee under a Qualified Domestic Relations Order (QDRO)
<input type="checkbox"/> 2	Pay Directly to the Participant or Alternate Payee			
	This election shall apply to the amount or percentage of my vested benefit specified in Section E, item 3. I understand that a mandatory 20% income tax withholding will apply to the taxable portion of Section E, item 3 which is an eligible rollover distribution (see Section F item 2).			
	Payment instructions: See Section E, item 4 for form of payment.			
	For periodic or installment payments, refer to Section E, item 1 for the amount and increment details.			
<input type="checkbox"/> 3	Direct Rollover to IRA			
	This election shall apply to the amount or percentage of my vested benefit specified in Section E, item 3.			
	Styling of Receiving Account: List the title of the IRA account receiving the Direct Rollover.			
	_____ (Accepting Organization) as successor <input type="checkbox"/> Custodian; <input type="checkbox"/> Trustee FBO _____ (Participant, Alternate Payee), <input type="checkbox"/> Traditional IRA, Acct #: _____			
	Deliver to: _____			
<input type="checkbox"/> 4	Direct Rollover to Another Employer Plan			
	This election shall apply to the amount or percentage of my vested benefit specified in Section E, item 3. You must confirm that the receiving plan accepts rollovers from another employer plan and complete all required paperwork provided by the receiving plan.			
	Styling of Receiving Account: Consult with the recipient plan of the Direct Rollover for the appropriate styling of the receiving account.			
	Name of Recipient Plan: _____ (Name of Employer) FBO: _____ (Participant, Alternate Payee) _____ (specify Plan type)			
	Deliver to: _____			
<input type="checkbox"/> 5	Direct Conversion of Non-Designated Roth Account to Roth IRA			
	This election shall apply to the amount or percentage of my vested benefit specified in Section E, item 3. Please note this option does not apply to a Designated Roth account under your Employer's Plan.			
	Styling of Receiving Account: List the title of the Roth account receiving the Conversion.			
	_____ (Accepting Organization) as <input type="checkbox"/> Custodian; <input type="checkbox"/> Trustee for _____ (Participant, Alternate Payee) <input type="checkbox"/> Roth IRA; or <input type="checkbox"/> other employer plan accepting Roth Elective Deferrals, Acct #: _____			
	Deliver to: _____			
Section E: Distribution Instructions				
I instruct the Custodian or Trustee to distribute funds from my account listed below in the following manner:				
1	Periodic or Installment Payments			
	I request that my benefits under the Plan be paid in an initial payment of \$ _____ commencing on _____, and continuing <input type="checkbox"/> monthly, <input type="checkbox"/> quarterly, <input type="checkbox"/> annually as follows (specify): _____.			
2	Type of Distribution	<input type="checkbox"/> a	Total Distribution	<input type="checkbox"/> b Partial Distribution
I elect a distribution from the fund sources in my account indicated below, to be allocated according to the following schedule. I will consult the Special Tax Notice and seek the advice of competent counsel regarding the taxation of any distribution from this plan. In addition, I understand that a separate form is required for a single distribution request directed to multiple destinations.				

3	Source of Funds		Destination of Funds			
			Direct Rollover to Traditional IRA	Direct Conversion to Roth IRA	Disburse Directly to Participant	Other (specify)*
Non-Designated Roth Acct	Pre-Tax Amounts	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
		<input type="checkbox"/> Balance	<input type="checkbox"/> Balance	<input type="checkbox"/> Balance	<input type="checkbox"/> Balance	<input type="checkbox"/> Balance
4	Form of Payment					
<input type="checkbox"/> a	Cash	(see item 3 of this Section for the amount)				
	<input type="checkbox"/> i	by check to address in Section A				
	<input type="checkbox"/> ii	by ACH or fed. wire (specify instructions, account & routing #, etc.): _____				
	<input type="checkbox"/> iii	Other (describe): _____				
5	Amounts to be Deducted from the Distribution					
<input type="checkbox"/> a	Administrative fees, including CD penalty, if applicable			\$ _____		
<input type="checkbox"/> b	Federal Income Tax Withheld			\$ _____		
DO NOT COMPLETE THE NEXT 2 SECTIONS IF THE DISTRIBUTION IS A DIRECT ROLLOVER BEING MADE TO ANOTHER ELIGIBLE PLAN.						
Section F: Federal Income Tax Withholding Provisions						
1	Voluntary Withholding (Refer to the Withholding Notices below)					
This section applies if the distribution is not an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code. (Check one of the following boxes.)						
<input type="checkbox"/> a	I do not want to have Federal income tax withheld from my payment(s), and I acknowledge receipt of the Notice of Withholding.					
<input type="checkbox"/> b	I want to have Federal income tax withheld from my payments. The amount will be calculated in the manner described in the Notice of Withholding I received from the Custodian/Trustee.					
	<input type="checkbox"/> i	Non-Periodic Payments:				
		Withhold Federal income tax at the rate of _____% (not less than 10%) plus an additional amount of \$ _____ from the amount withdrawn.				
	<input type="checkbox"/> ii	Periodic Payments:				
		Since periodic distributions from this Plan are based on the wage tables, please attach a copy of your most recent W-4P Form, or provide the following information:				
	Line 1	Check here if you do not want any federal income tax withheld from your payment. (Otherwise, complete Lines 2 & 3) <input type="checkbox"/>				
	Line 2	Total number of allowances you are claiming for withholding from each periodic payment (You also may designate an additional dollar amount on Line 3.) _____				
		Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Married, but withhold at higher Single rate	
	Line 3	Additional amount, if any, you want withheld from each payment: _____				
NOTE: Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.						
2	Mandatory Withholding					
This section applies if the distribution is an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code.						
I understand I will receive only 80% of the payment requested above, since the Plan Administrator is required to withhold 20% of the distribution and send it to the IRS as income tax withholding to be credited against my taxes.						
Section G: Notice of Withholding on Non-Periodic Distributions						
Certain distributions you receive from your employer's plan are subject to voluntary federal income tax withholding unless you elect not to have withholding apply. Voluntary withholding will only apply to the portion of your distribution which is not an "eligible rollover distribution".						
You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section on your request for distribution form.						

If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the taxable portion of your distribution at a rate of 10%.

If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Section H: Notice of Withholding on Periodic Payments

Certain pension payments you receive from your employer's retirement plan will be subject to voluntary federal income tax withholding unless you elect not to have withholding apply. Voluntary withholding will only apply to the portion of your pension payment that is not an "eligible rollover distribution" and is included in your income subject to federal income tax and will be like wage withholding. Thus, there will be no withholding on the return of your own nondeductible contributions to the plan.

You may elect not to have withholding apply to your pension payments by completing the "Withholding Election" section on your request for distribution form and returning it to the Trustee/Custodian of your pension plan at the address indicated on your request for distribution form. Your election will remain in effect until you revoke it. You may revoke your election at any time by completing a new form which may be obtained from the Trustee/Custodian of your employer's retirement plan.

If you do not return the completed withholding election by the time your payments begin, federal income tax will be withheld from the taxable portion of your pension payments as if you were a married individual claiming 3 allowances.

If you elect not to have withholding apply to your pension payments, or if you do not have enough federal income tax withheld from your pension payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Section I: Signatures and Approvals

Participant's Signature

I authorize and direct the employer to make distribution from the employer's plan as indicated above. I certify I have received and read the employer's Special Tax Notice and understand that I have at least 30 days to choose between direct rollover or payment. I understand that if I elect to receive installment or periodic payments, this election shall apply to all future payments unless I file a new form with the employer. I further understand that a separate form is required for a single distribution request directed to multiple destinations.

I certify that I am the proper party to receive payment(s) from this 403(b) plan account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian or Trustee and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian or Trustee shall in no way be responsible for those consequences.

Signature of Participant	Date
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Consent of Spouse

I, the undersigned spouse of the participant, have read the Request for Distribution from a 403(b) Plan form and the Special Tax Notice, and hereby consent to distribution of my spouse's benefits under the Plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Participant's Spouse	Date
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Approval by Administrator

The above request is hereby approved, and the Trustee is authorized to distribute the Participant's benefits in accordance with such request.

Authorized Signature	Date
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