

**1 PARTICIPANT OR BENEFICIARY RECIPIENT INFORMATION** *(Please print clearly.)*

First Name, Middle Initial, Last Name		Full Social Security Number
Mailing address of participant (Street or P.O. Box)		Daytime Phone Number
City, State, Zip		
Date of Birth	Email Address	

**2 HOUSING ALLOWANCE DESIGNATION FOR MINISTERS**

I certify that I am eligible for a minister's housing allowance\*

\* Minister's housing allowance partial withdrawals will be coded as "taxable amounts not determined" on IRS Form 1099-R. It is the minister's responsibility to meet the IRS guidelines on the amount of housing allowance that can be nontaxable.

**3 REASON FOR DISTRIBUTION** *(Please read the enclosed Special Tax Notice.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Separation from service                                  | <input type="checkbox"/> Disability – Attach copy of Social Security Notice |
| <input type="checkbox"/> In-service (distribution while employed, if Plan allows) | <input type="checkbox"/> Plan termination                                   |
| <input type="checkbox"/> Retirement   | <input type="checkbox"/> Qualified Domestic Relations Order – Court Order   |
| <input type="checkbox"/> Withdrawal of rollover contributions                     | <input type="checkbox"/> Death – Attach copy of Death Certificate           |

**4 TYPE OF PAYMENT**

- Cash payment (May be subject to tax/penalty.) Complete below and proceed to Sections 5, 6 & 8.
- Total distribution of vested account
- Partial distribution of vested account (if Plan allows)\*
- Gross (before taxes) \$ \_\_\_\_\_  Net (after taxes) \$ \_\_\_\_\_
- Direct rollover to Traditional/Roth IRA or Employer Retirement Plan. Complete below and proceed to Sections 7 & 8.
- Total distribution of vested account
- Partial distribution of vested account (if Plan allows) \$ \_\_\_\_\_\*
- Combination of cash payment and direct rollover: Complete below and proceed to Sections 5, 6, 7 & 8.
- Cash payment of \$ \_\_\_\_\_  Gross (before taxes)  Net (after taxes) and direct rollover of remainder.
- Direct rollover of \$ \_\_\_\_\_ and cash payment of remainder.
- Monthly Installment. *Note: The amount entered below will continue to be paid on the 15<sup>th</sup> day of the month until your account has a zero balance or you contact us to revoke this election.* Complete below and proceed to Sections 5, 6 & 8.
- I request fixed-dollar installments in the amount of: \$ \_\_\_\_\_  Gross (before taxes)  Net (after taxes)
- Leave my account balance in the plan until I elect another payment option, or until I am required to begin taking minimum distributions from the plan.

**5 PAYMENT INSTRUCTIONS**

- Check Via Regular Mail *(To address listed in Section 1.)*
- Direct deposit
- Bank name \_\_\_\_\_
- Routing/ABA # \_\_\_\_\_
- Account # \_\_\_\_\_  Checking  Savings
- Name on account \_\_\_\_\_

**6 FEDERAL AND STATE WITHHOLDING ELECTION**

**Note:** Any distribution that is an eligible rollover distribution and is paid to you rather than directly rolled over to an IRA or into an employer's plan is subject to 20% federal withholding, unless you certify the minister's housing allowance above. (If under 59½, you may be subject to an additional 10% federal penalty tax.)

- Federal – Withhold Federal tax in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_ (20% is mandatory)
- Federal – Do not withhold (only available if minister's housing allowance applies)
- State – Withhold state tax in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_ for the State of \_\_\_\_\_
- State – Do not withhold (only available if mandatory withholding does not apply)

If you are a resident of AR, DC, DE, KS, MA, MD, ME, NC, NE, OK, VA or VT, state tax withholding is mandatory and will be withheld at the applicable rate. If you are a resident of CA, IA, MI, or OR, you will have state tax withheld at the applicable rate unless elected above. If you are a resident of IA or MI and elect to opt out of withholding or are eligible to claim exemption, you are required to complete a Form W-4P to be returned with this Form.

**7 ROLLOVER INSTRUCTIONS** (Complete only if rolling funds to an IRA or another employer retirement plan.)

Direct rollover to the following:

- Traditional IRA  
Provide Account No.: \_\_\_\_\_
- Roth IRA  
Provide Account No.: \_\_\_\_\_
- Employer Retirement Plan [i.e., 401(k) or 403(b) plan]  
Provide New Employer Plan Name: \_\_\_\_\_

Complete one of the following Check or Wire options below:

- Check Via Regular Mail (To address listed below.)
- Check Via Express Delivery (Additional fee of \$25 applies. A street address must be provided below or check will be sent by regular mail.)

Rollover check should be made payable to:	
Mailing Address:	City, State, ZIP:

- Wire (Please attach wire instructions from your financial institution.)

**8 PARTICIPANT OR BENEFICIARY RECIPIENT SIGNATURE**

I hereby acknowledge that the employer has informed me of the options available under the Plan, that I have received and read the Special Tax Notice enclosed in this document and that I understand the Plan may charge a reasonable fee for the processing of the distribution. If, subsequent to the distribution, but not more than 180 days after you received notice regarding your distribution, the Plan Administrator determines you are entitled to an additional allocation of earnings, contributions, or forfeitures, this consent to distribution and election of method also applies to such additional allocations. I understand that I have at least 30 days after receipt of this form to elect a distribution, direct rollover, or other benefit option.

X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
Participant or Beneficiary Recipient Signature

Please return completed form to Deb Teske, PO Box 12237, Green Bay, WI 54307. Please call Deb Teske of Wipfli LLP at 920.662.2867 with any questions.

**9 PARTICIPANT INFORMATION** (to be completed by Plan Trustee/Authorized Signer; only complete if participant terminated in current Plan year)

Last payroll/contribution date _____	Termination date _____
YTD gross compensation _____	YTD hours _____
YTD 403(b) deferrals _____	YTD Roth deferrals _____

**10 AUTHORIZATION BY PLAN TRUSTEE/AUTHORIZED SIGNER**

I hereby authorize you to proceed with the payment of benefits due under the above-named retirement Plan based on the information and certification contained herein. I understand that I retain full responsibility for the determination and payment of any benefits due from this Plan. Note: Transferring from one employer to another within the same controlled group does not constitute termination of employment and is not a distributable event.

X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
Plan Trustee/Authorized Signer Signature