

FORM 09: CASH WITHDRAWAL REQUEST

Complete this form to request a complete or partial cash withdrawal from your FCMM Retirement Plan Account.

NOTE: IRS regulations and the FCMM Retirement Plan Document place restrictions on the availability of funds for withdrawal. See the FCMM Plan Document (available at www.fcmmbenefits.org) and the attached Special Tax Notice for more information. Contact FCMM at (800) 995-5357 or fcmm@fcmmbenefits.org with questions.

STEP 1: Personal Information

Full Legal Name: _____ DOB: _____ Age: _____

Are you a United States Citizen? YES NO* Country of Residence: _____

Social Security Number: _____ **OR**

Taxpayer Identification Number : _____ **AND** Country of issue: _____

Home Address: _____

Phone Number: _____ Email Address: _____

*Non-US citizens must have a Form 01F on file with FCMM.

STEP 2: Withdrawal Eligibility (You must select ALL THAT APPLY)

- I am **no longer employed** by an EFCA church or organization or other employer that participates in the FCMM Retirement Plan. (Former employer must provide email notice of final date of employment to FCMM)
- I am age **59 ½ or older**.
- I am requesting a withdrawal **of my funds previously rolled into** the FCMM Plan from a different custodian.
- I am requesting a withdrawal **of my funds merged from the FCMM Pension Plan**.
- I am a **beneficiary** of a deceased participant

STEP 3: ONLY for those under age 59 ½ - Exceptions to Early Withdrawal Penalty

Retirement plan distributions made by those under age 59 ½ are subject to a 10% early withdrawal tax penalty unless an exception applies. Please inform us of any exceptions. **Verification of an exception is required.**

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Disability
Total and permanent disability | <input type="checkbox"/> Domestic Relations
Alternate payee under a Qualified Domestic Relations Order (QDRO) | <input type="checkbox"/> Separation of Service
Separation of employment during or after the year one reaches age 55 | <input type="checkbox"/> Death
Beneficiary of deceased participant |
|--|---|---|--|

STEP 4: Recent Contributions

To your knowledge, was a contribution made to your account in the last six months? Yes No
 If yes, what was the approximate date of the last contribution? _____ (MM/DD/YYYY)

STEP 5: This section only applies to the MINISTER'S HOUSING ALLOWANCE (Skip if not applicable)

Part A – Criteria (Check all boxes that are true)

- I was eligible as a minister according to IRS guidelines to receive a housing allowance from my employer while contributing to the FCMM Retirement Plan.
- I am 59 ½ or older and I am a US Citizen or Resident Alien.

For ministers who meet ALL criteria specified in Part A, FCMM will designate 100% of their distribution as eligible for the housing allowance exclusion from federal gross income. By default, FCMM does not apply withholding to these amounts. Voluntary withholding at a rate of 20% may be requested by checking the applicable box in Part B. Note: Retirement plan distributions used as housing allowance before retirement are subject to SECA tax.

Part B – Voluntary Withholding for Ministers

- I am requesting that 20% voluntary withholding be applied to this distribution.

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STEP 6: Distribution Instructions (Complete Parts A-C unless noted otherwise)

Part A. Indicate your distribution type below.

- Partial Distribution Full Distribution of ALL my FCMM assets (If checked, skip to Part C)

Part B. Choose your distribution source. (Only check one box)

- Distribute my request *proportionally* from ALL of my available plan Options.
Total Distribution Amount Requested: \$ _____ (If amount entered, skip to Part C)
- Distribute my request only from the investment Option(s) I have specified below. (Express as *either* a dollar amount *OR* a percentage, NOT both)

Indicate \$ <u>OR</u> %		To be distributed from:
\$	%	FCMM Lifetime Fund (Option C)*
\$	%	FCMM Managed Stock Fund (Option D)
\$	%	FCMM Managed Bond/Income Fund (Option E)
\$	%	American Funds (Option F)
\$	%	Vanguard Funds (Option G)
\$	%	Adjustable Rate Investment (Option H)
\$	%	Biblically Responsible Funds (Option J)

Part C. Choose the tax status of your distribution. (Check all that apply)

- Pre-tax Roth**

NOTE: Your distribution amount is subject to income tax withholding as described in the attached Special Tax Notice. ♦

*A Fair Market Value Adjustment applies to distributions from Option C.

**See Special Tax Notice for important information about distributions from a Roth account.

♦Generally, non-resident aliens (NRAs) are subject to a higher withholding rate than US citizens and resident aliens.

STEP 8: Signatures

I have read the attached Special Tax Notice and I understand that my withdrawal could result in additional penalties and taxes assessed to me by the IRS. I understand that FCMM is required to withhold 20% (generally NRAs are subject to a higher withholding rate) of the amount of my distribution to be sent to the Internal Revenue Service (IRS) for tax purposes (unless the distribution is eligible for the housing allowance exclusion from federal gross income and no voluntary withholding is requested under Step 5B of this form or if I am a non-resident alien). Further, I understand that many states require that state income taxes be withheld whenever federal income taxes are withheld. I understand that at the end of the tax year, I will be mailed a Form 1099-R for tax purposes and that I must keep FCMM informed of address changes to ensure that I receive that document. I certify that all of the information provided by me on this form is true and accurate. I hereby certify under penalties of perjury that my Social Security number provided on this form is correct and that I have read the Special Tax Notice Regarding Plan Payments from the FCMM Retirement Plan.

Signature (REQUIRED)

Date

Waiver of 30-Day Notice

PLEASE READ: Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of the Special Tax Notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your funds directly rolled over.

I hereby acknowledge that I have received and reviewed the Special Tax Notice Regarding Plan Payments which accompanied this form with respect to the distribution I am entitled to receive from the Plan. I understand that I have the right to consider whether or not to elect a direct rollover for at least thirty (30) days after this notice was provided and I hereby elect to waive the 30-day period.

Signature (To Waive 30-Day Wait Period)

Date

STEP 9: Form Submission

Please submit this completed form to FCMM by mail, secure file exchange, or fax.

Mail:
FCMM Benefits & Retirement
901 East 78th
Street, Minneapolis, MN 55420

Secure File Exchange: <https://fcmmbenefits.leapfile.net/>

Fax: (952) 853-8474

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

FOR FCMM OFFICE USE ONLY: FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____