

901 E. 78th Street, Minneapolis, MN 55420-1300 (800) 995-5357 | fcmmbenefits.org

FORM 18: In-Plan Roth Conversion Request

Complete this form to request in-plan conversion of all or a portion of your non-Roth funds in your FCMM Retirement Plan Account into Roth funds. Requests for 2026 must be received no later than 12/07/2026.

NOTE: Distributions from a Roth account are 100% tax free if certain requirements are met. If your converted Roth funds remain in the Plan for a five-taxable-year period and you reach age 59 ½, die, or become disabled, those contributions and related investment earnings are distributed tax-free. If you take a distribution within the five taxable years after you make an In-Plan Roth Conversion or before you reach age 59 ½, die, or become disabled, the related investment earnings will be taxable and you may be subject to a special 10% tax on that full conversion amount, unless you qualify for an exemption. You should consult your tax advisor to determine whether requesting an In-Plan Roth Conversion makes sense. See the FCMM Summary 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 | |
|--|---|
| Name: | Birthdate: |
| Are you a United States Citizen? □ YES □ NO | Country of Residence: |
| □ Security Number: | OR |
| □ Taxpayer Identification Number: | AND Country of issue: |
| Home Address: | |
| | Email Address: |
| ♦Non-US citizens must have Form 01F on file with F | CMM. |
| CTED 2: Disaleguese (All items heleu) | mount be calmanded and |
| STEP 2: Disclosures (All items below | must be acknowledged) |
| In-Plan Roth Conversion in the income from my conversion cou | result in increased income tax liability on the full amount of my year of conversion. I further understand the additional taxable ald require me to increase wage withholding or pay estimated IM will not withhold any amount for federal or state taxes when |
| I have read the attached Special Roth tax treatment of the convertion | I Tax Notice and I understand that my conversion will result in ted funds. |
| ☐ I understand this conversion is fi | nal and cannot be reversed. |

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| STED | 2. | Conversi | on Inci | tructions |
|------|----|----------|---------|-----------|
| SIFP | -5 | Conversi | on insi | rructions |

| ☐ Pre-Tax | current tax status of the funds you wish to conver | |
|---|---|--|
| Part B: Indicate a dollar amour non-Roth to Roth*. Only | nt OR percentage, <i>not both</i> , from each investment option y use whole numbers. | that you want converted from |
| \$ or | % Merged Assets (Formerly Option A) | |
| \$ or | % FCMM Lifetime Fund (Option C) % FCMM Managed Stock Fund (Option D) | |
| \$ or | % FCMM Managed Stock Fund (Option D) | |
| \$ or | % FCMM Managed Bond/Income Fund (Option E) | |
| \$ or | % American Funds (Option F) | |
| \$ or | % Vanguard Funds (Option G) | |
| \$ or | % Adjustable Rate Investment (Option H) | |
| \$ or | % Biblically Responsible Funds (Option J) | |
| be processed using the va | shold any funds for federal or state income tax when processing the aluation date as of receipt of completed form in FCMM office. or important information about distributions from a Roth account. | e conversion. The conversion wil |
| STEP 4: Signatures | | |
| under penalties of pe have read the Specia | e information provided by me on this form is true and erjury that my Social Security number provided on thi I Tax Notice Regarding Plan Payments from the FCM ned if my address changes to ensure I receive IRS Foon this conversion. | s form is correct and that M Retirement Plan. I agree |
| Signature (Electronic Sign | atures NOT accepted) | Date |

STEP 5: Form Submittal

Please submit this completed form to FCMM using one of the methods noted below, preferably using our **Secure File Exchange**.

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

Mail

FCMM Benefits & Retirement

901 East 78th Street Minneapolis, MN 55420

Questions? Contact FCMM Client Services at fcmm@fcmmbenefits.org or (800)995-5357

| FCMM Use Only | | | | |
|---------------|------------------------|-----------|--|--|
| No. | Received in Good Order | Processed | | |