NOTICE - 2026 Deadline for distributions, in-plan asset transfers, and conversion requests

Any request for cash distribution, rollout, in-plan asset transfer or Roth conversion of FCMM Retirement Plan funds must be received in good order no later than December 7, 2026, to qualify as a 2026 transaction and to be completed before end of year.

We recommend sending the form well in advance of the deadline to avoid processing delays in the event the submitted form requires correction or clarification.

BENEFITS & RETIREMENT fcmm prepare today, ready tomorrow

Free Church Ministers' & Missionaries' Retirement Plan
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: _____

Phone Number: _____ Email Address: _____

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

STEP 2: Disclosures (All items below must be acknowledged)

☐ I understand this conversion will result in increased income tax liability on the full amount of my In-Plan Roth Conversion in the year of conversion. I further understand the additional taxable income from my conversion could require me to increase wage withholding or pay estimated quarterly tax payments and FCMM will not withhold any amount for federal or state taxes when processing the conversion.

☐ I have read the attached Special Tax Notice and I understand that my conversion will result in Roth tax treatment of the converted funds.

☐ I understand this conversion is final and cannot be reversed.

Form 18: In-Plan Roth Conversion (Page 2)

STEP 3: Conversion Instructions

Part A: Indicate the current tax status of the funds you wish to convert to Roth (select all that apply)

- ☐ **Pre-Tax**
- ☐ **Associated Pre-Tax Earnings of After-Tax Amounts** (This is not common)

Part B:

Indicate a dollar amount **OR** percentage, *not both*, from each investment option that you want converted from non-Roth to Roth*. Only use whole numbers.

$ _____ or _____ % Merged Assets (Formerly Option A)
$ _____ or _____ % FCMM Lifetime Fund (Option C)
$ _____ 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)

NOTE: FCMM will not withhold any funds for federal or state income tax when processing the conversion. The conversion will be processed using the valuation date as of receipt of completed form in FCMM office.
*See Special Tax Notice for important information about distributions from a Roth account.

STEP 4: Signatures

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. I agree to keep FCMM informed if my address changes to ensure I receive IRS Form 1099-R for purposes of income tax reporting on this conversion.

Signature (Electronic Signatures 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

2602