

**FORM 44A: OPTION A - MERGER RESPONSE FORM**

Immediately after the 1/1/2017 merger of the FCMM Pension plan into the FCMM Retirement Plan, your Option A funds will be in a non-earning account. Complete this form to request a transfer of your Option A funds to a Retirement Plan investment Option(s). You may also use this form to request information for: a *monthly income benefit through FCMM or Thrivent*, a *lump sum cash withdrawal*, a *monthly recurring cash withdrawal*, or a *rollover to a plan outside of FCMM*. Completion of this form is optional. Transfer selections will be transacted as soon as possible following the plan merger.

**STEP 1: Personal Information**

Participant Name: \_\_\_\_\_ Social Security Number (last four digits): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**STEP 2: Make Your Selection** (Please check the box next to your selection)

**Transfer to a Retirement Plan Investment Option** - Complete this section to request a transfer of your Option A funds to an interest bearing investment Option. Please refer to Form 31-Investment Option Descriptions as needed. The transfer to another Option **allows you to maintain housing allowance benefits.**

Transfer From	Indicate \$ or %	
Option A	\$ _____	% _____



Transfer To	Indicate \$ or %	
Option C	\$ _____	% _____
Option D	\$ _____	% _____
Option E	\$ _____	% _____
Option F *	\$ _____	% _____
Option G *	\$ _____	% _____
Option H *	\$ _____	% _____
Option J *	\$ _____	% _____

**For your reference:**

- Option C = Conservative Growth with Annuity Benefit Fund
- Option D = Moderate Growth Stock Fund
- Option E = Diversified Bond Fund
- Option F = American Funds
- Option G = Vanguard Funds
- Option H = Adjustable Rate Investment
- Option J = Biblically Responsible Funds

\* In order to invest in this Option, a participant must have a Participant Investment Selection form on file as follows – American Funds (Form 04), Vanguard (Form 05), Adjustable Rate Investment (Form 06), and Biblically Responsible Funds (Form 07). If you do not have the applicable form on file, please complete and submit it along with Form 44A. You may request a form by contacting FCMM or simply visit our website at [fcmmbenefits.org/documents](http://fcmmbenefits.org/documents).

**Monthly Income Benefit Arrangement** (Must be 59 ½ or older, **allows you to maintain housing allowance benefit**)  
 Please mark your selection(s) below.

- \_\_\_ Contact me to discuss a benefit start date for FCMM payments.
- \_\_\_ Contact me to discuss the Thrivent Annuity arrangements

**Cash Withdrawal** (Funds distributed are taxable in the year of receipt unless eligible as housing allowance. **Forms found at [fcmmbenefits.org/documents](http://fcmmbenefits.org/documents).**)  
 Please mark your selection below.

- \_\_\_ Requesting a lump sum cash withdrawal - Please submit Form 09 to FCMM.
- \_\_\_ Requesting a recurring cash withdrawal in monthly increments - Please submit Form 09R to FCMM.

**Rollout Funds to an Eligible Employer Plan or an IRA** (May result in **LOSS of housing allowance** benefit if not transferred to an eligible church plan. **Forms found at [fcmmbenefits.org/documents](http://fcmmbenefits.org/documents).**)

- Submit Form 10 to FCMM
- Obtain Letter of Acceptance from the receiving plan

**STEP 3: Signature**

I understand that the FCMM Retirement Plan permits me to invest contributions in various Options each with varying investment strategies. I acknowledge that I am ultimately responsible for the investment of all contributions made to the Plan by choosing among the Options made available to me. I further acknowledge the opportunity to contact FCMM's Manager of Advisory Services at (800) 995-5357 with investment questions related to this transfer and my account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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