

## Required Minimum Distribution (RMD) Request—Information and Instructions

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Complete this form each time you request an RMD from your Wespath-administered retirement plan defined contribution (DC) account balances. DC accounts include:

- United Methodist Personal Investment Plan (UMPIP)
- Horizon 401(k) Plan (Horizon)
- Retirement Plan for General Agencies (RPGA)
- Clergy Retirement Security Program Defined Contribution plan (CRSP DC)
- To take an RMD from your Ministerial Pension Plan (MPP) account call us at 1-800-851-2201

### INFORMATION

The IRS generally requires **retirement plan participants** to take an annual Required Minimum Distribution (RMD) from their account balances beginning April 1 following the later of:

- the year in which they reach age 70½, or
- the year in which they retire or terminate.

**Surviving spouses** generally are required to begin RMDs by December 31 of the later of:

- the year the deceased participant would have reached age 70½, or
- the year following the year of the participant's death.

If the participant already began receiving RMDs, the surviving spouse begins RMDs by December 31 of the year following the year of the participant's death.

**Alternate payees** generally are required to begin RMDs beginning April 1 following the later of:

- the calendar year in which the related participant turns age 70½, or
- the year in which the related participant retires or terminates.

If the related participant dies before being required to begin RMDs, the alternate payee is required to begin RMDs beginning December 31 following the later of:

- the year the deceased participant would have reached age 70½, or
- the year following the year of the participant's death.

Periodic payments you currently receive from your Wespath-administered account balances may satisfy your RMD. Your annual account distributions must be equal to or greater than the RMD you should receive.

As a courtesy, Wespath automatically calculates and distributes your RMD from **defined contribution (DC) account balances** at the end of the year if you do not submit an RMD request. An application for benefits must be submitted for each of your **defined benefit (DB) plans** (e.g., Pre-82 plan, the annuitized 65% of MPP and CRSP DB).

**To request your RMD from your DC accounts**—Complete this form and return it to Wespath.

**To receive your RMD from your DB accounts**—Complete your applications for benefit (AFBs) at [benefitsaccess.org](https://benefitsaccess.org)—select “Take Action” and next to **Manage Distributions** follow the instructions for your DB plans. You can also call us to request paper AFBs at **1-800-851-2201**.

**The IRS may assess a penalty equal to 50% of any undistributed RMD amounts if you do not take your RMD on time.**

## **INSTRUCTIONS**

### **Part 1 – Personal Information**

Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS.

### **Part 2 – Direct Deposit**

Enter the information for the bank account to which you would like your payment(s) deposited. Your bank routing number and account number are printed at the bottom of your checks. If you do not have checks available, go to the bank for a temporary check or a document verifying your bank account routing and account numbers and provide this verification to Wespath.

Your money will be directly deposited and will be available in 3-5 business days from the date of distribution. Wespath is not responsible if you provide inaccurate information and your payments are credited to the wrong account.

You cannot rollover RMD payments to an IRA or another retirement plan.

### **Part 3 – Income Tax Withholding**

Unless otherwise instructed, the IRS requires Wespath to withhold 10% federal income tax and state income tax, if applicable, from the taxable portion of the RMD.

- If you are a resident of **AR, CA, CT, DE, IA, MA, ME, MI, NC, NE, OK, OR, VA** or **VT** and you do not make a state withholding election, including an election for no withholding, we will apply state withholding at the state's default rate.
- If you are a resident of **GA** or **KS**, withholding will only be applied if you make a state withholding election.
- If you are a resident of any other state, we will not apply state withholding.

You may elect to:

- Decline withholding of federal and/or state income taxes
- Have the appropriate taxes withheld from your payments at default rates, or
- Elect to withhold tax in addition to the default rates from your payments.

You may be subject to penalties under estimated tax payment rules if your withholding and estimated tax payments are insufficient.

### **Part 4 – Distribution Date**

Choose whether you would like your distribution processed immediately or on a specific date. We will process your distribution within 7-10 business days of the date the form is received by Wespath or on the date indicated if later.

### **Part 5 – Signature**

Read the statement and, if you agree, sign and date the form. Then, return it to Wespath at the address indicated. Consider verifying RMD calculations independently with a tax advisor or legal counsel. Keep a copy of the submitted form for your records.

## Required Minimum Distribution (RMD) Request

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### Part 1 – Personal Information

Account holder name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Primary phone # \_\_\_\_\_  
 \_\_\_\_\_ Alternate phone # \_\_\_\_\_  
 Check if new mailing address. Effective date \_\_\_\_\_ Spouse name \_\_\_\_\_  
 Account holder Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Account holder birth date \_\_\_\_\_ Spouse birth date \_\_\_\_\_

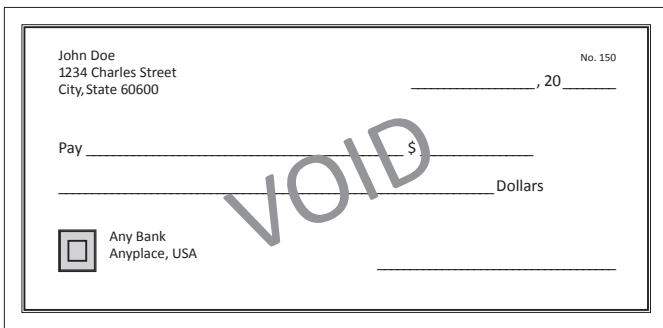
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### Part 2 – Direct Deposit

I elect to receive my payments by direct deposit and authorize Wespath to forward such payments to the financial institution indicated below. If amounts to which I am not entitled are erroneously credited to my deposit account, I agree to return such deposits to Wespath and I authorize Wespath to automatically reverse such deposits.

Financial institution name \_\_\_\_\_  
 Financial institution phone # (must be located in the United States) \_\_\_\_\_

### Attached a voided check here.



### Part 3 – Income Tax Withholding

I elect **not to have** federal income tax and, if applicable, state income tax withheld from my RMD payments.  
 I elect to have federal tax and, if applicable, state income tax withheld from my RMD payments at the default rates required by law.

State of residence for purposes of taxation: \_\_\_\_\_

Amount in addition to default rate, if any, to withhold from my payments: Federal tax: \$ \_\_\_\_\_ State tax: \$ \_\_\_\_\_

**Part 4 – Distribution Date**

- Process my payment on (date) \_\_\_\_\_. Date must be at least 7-10 business days after receipt by Wespath. My elections are irrevocable five business days prior to the date on which the distribution is to be made.
  - Process my payment as soon as possible.
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**Part 5 – Signature**

I hereby certify, under penalties of perjury, that my Social Security number and all other information provided on this form is true and accurate. I also certify and understand that:

- I have read and understand the instructions for this form.
- I authorize Wespath to forward my payment by direct deposit or mail as elected in Part 2. If amounts to which I am not entitled are erroneously credited to my deposit account, I agree to return such deposits to Wespath and I authorize Wespath to automatically reverse such deposits.
- I am responsible for payment of estimated tax and/or tax penalties to the IRS if my withholding and estimated tax payments are not sufficient.
- My withholding election only applies to this RMD request.
- Wespath is basing the RMD calculation on information provided by me and my plan sponsor and, as such, is not responsible for the calculations to the extent that they are based on information that is incorrect or incomplete.
- Taking an annual RMD from my Wespath-administered accounts is my responsibility.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send it by mail to:

- Wespath Benefits and Investments, Distribution Team  
1901 Chestnut Ave., Glenview, IL 60025-1604