

Required Minimum Distribution (RMD) Request—Information and Instructions

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

- Compass Retirement Plan (Compass)
- Personal Investment Plan (PIP)
- Horizon 401(k) Plan (Horizon)
- 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 RMD from their account balances beginning April 1 following the later of:

- the year in which they reach their RMD age (between age 70½ and 75, depending on their birthdate), 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 their RMD age (between age 70½ and 75, depending on their birthdate), 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 reaches their RMD age (between 70½ and 75, depending on their birthdate), 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 RMD age (between 70½ and 75, depending on their birthdate), 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 and from the **Retirement Details** page, select “**Distributions**” and then choose “**Manage Account Distributions**” and “**Retirement Income Summary**” follow the instructions for your DB plans. You can also call us to request paper AFBs at **1-800-851-2201**.

Please refer to the Required Minimum Distribution brochure at wespath.org/r/rmd that summarizes the RMD rules, how to evaluate your options and what you need to do to start receiving payments. Because this decision has tax implications, we suggest that you consult with a financial planner, tax advisor and/or attorney to help determine the best option for you.

The IRS may assess a penalty equal to 25% of any undistributed RMD amounts if you do not take your RMD on time.

INSTRUCTIONS

Part 1 – Personal Information

Complete your personal information. Type in your information on the editable PDF form or use a black pen and print clearly in CAPITAL LETTERS.

Part 2 – Direct Deposit

Enter the information for the financial institution account to which you would like your payment(s) deposited. Your financial institution routing number and account number are printed at the bottom of your checks or available by contacting the financial institution. For your protection, your financial institution account will be verified before the distribution is released.

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, MN, 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 **MS**, withholding is only applicable to early distributions with no known exception as defined in Internal Revenue Code Section 72.
- 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 the default rate
- Elect a **different rate** of federal withholding from your payments than the default rate
- Elect an **additional amount** of state withholding from your payments in addition to the default rate

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

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 # (last 5 digits) _____ Spouse Social Security # (last 5 digits) _____
Account holder birth date _____ Spouse birth date _____

Part 2 – Direct Deposit

Your distribution will be deposited into your account with the financial institution indicated below. Only financial institutions based in the United States are permitted.

Financial Institution name _____ Financial Institution phone # _____
Account type: Checking Savings
Financial Institution Routing # (9 digits) _____ Financial Institution Account # _____

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 income tax withheld from my RMD payments at the **default** rate, or
 - I elect to have federal income tax withheld from my RMD payments at a **different** rate: _____% (please enter a rate between 0% and 100%).
 - I elect to have state income tax withheld from my RMD payments at the **default** rate required by law.
State residence for purposes of taxation: _____
In addition, I elect to also withhold **additional amount** of state withholding: \$ _____
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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.

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 to the financial institution indicated 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 _____

If you are NOT completing this document online, please complete it and return to Wespath by one of the following methods:

- **Email scanned copy to:** retirementteam@wespath.org or
- **Fax to:** 1-847-866-4677 or
- **Mail to:** Wespath
Attention: Retirement Team
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.