

Fidelity Investments Distribution Form

Evangelical Presbyterian Church 403(b)(9) Defined Contribution Retirement Plan



Instructions: Use this form if you wish to request a distribution from the Evangelical Presbyterian Church 403(b) Defined Contribution Retirement Plan. **Please complete steps 1 through 9 to avoid delays in processing your request.** Return this form one of three ways:

- Fax: (407) 930-4492
- Scan and email to: Benefits@epc.org
- Mail to: **EPC Benefit Resources, Inc., 5850 TG Lee Boulevard, Suite 510, Orlando, FL 32822**

Upon receiving your Distribution Form, EPC Benefits Resources, Inc. will provide Plan Sponsor authorized signature and return your form to Fidelity Investments for processing.

Questions: If you would like more information about distributions, including general tax implications, please call Fidelity Investments at 1-800-343-0860 Monday through Friday, from 8:00 a.m. to midnight Eastern time.

STEP 1 PARTICIPANT INFORMATION

A. Your Information Please use a **black pen** and print clearly in CAPITAL LETTERS.

Check here if you made any changes to the prefilled information below

Social Security #: -- Date of Birth: --

Full Name:

I understand my check and all future correspondence related to this account will be mailed to the address below.

I am an EPC Minister EPC Other Employee

Address:

City and State:

Zip:

Daytime Phone: -- Evening Phone: --

B. The Employer Sponsoring the Plan from Which You Are Requesting This Distribution

The distribution requires an authorized signature by the EPC Benefit Resources, Inc. Plan Sponsor (Main Office). Please see the instructions for Step 9 for more details.

Name of Employer Sponsoring the Plan: Plan number:

C. Applicable Plans I would like a distribution from the following plan(s):

403(b) Plan



STEP 2 REASON FOR DISTRIBUTION

Please choose one: If you do not choose an option below, your distribution will be delayed.

- EPC Minister Housing Allowance Expenses
- Attainment of age 59½
- Separation from service
- Disability (as defined by the IRS)
- In-service withdrawal Check with your employer before selecting this option. Most plans do not allow in-service withdrawals. Financial hardship (employer authorization is required) Reason for hardship: _____
- Qualified Birth/Adoption Distribution

STEP 3 AMOUNT OF DISTRIBUTION

Full Withdrawal

Partial Withdrawal

Minister Housing Allowance partial withdrawals will be coded as “taxable amounts not determined” on IRS form 1099-R. It is the minister’s responsibility to meet the IRS guidelines on the amount of Housing Allowance that can be tax exempt.

Withdraw proportionally across all available investment options. \$,

OR

Withdraw from specific sources/investment options Check here if additional fund options are attached

| Fund Number | Amount | | Source(s) |
|--|--|----------------------------------|--|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | OR <input type="checkbox"/> 100% | <input type="checkbox"/> Employer OR <input type="checkbox"/> Employee |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | OR <input type="checkbox"/> 100% | <input type="checkbox"/> Employer OR <input type="checkbox"/> Employee |

Systematic Withdrawal Plan (Not available for reasons of financial hardship.)

Specific Dollar Method

Pay me \$, Monthly OR Quarterly OR Yearly

Beginning: - from Fund Number OR Withdraw proportionally across all available investment options

Specific Period Method

Beginning: - Monthly OR Quarterly OR Yearly, for years

Continued on next page. 

STEP 4 METHOD OF DISTRIBUTION

Direct rollover (Not available for distributions for financial hardship reasons.)

Exclude my after-tax contributions from the rollover and return a check for that portion of my contributions to me.

To an IRA with Fidelity Fidelity Account #:

I understand that any money invested in Fidelity mutual funds will be rolled over in the same proportion to the same Fidelity mutual fund(s) in which I am currently invested. Any non-Fidelity assets will be rolled over to Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus.

Note: If you do not have a Fidelity IRA, you must establish an account either online at www.fidelity.com or by submitting a Fidelity Investments Rollover IRA Application.

To Another Investment Provider* Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over.

Is the new account: an IRA **OR** an employer-sponsored retirement account

Name of the receiving investment provider:

***A check will be made payable to the receiving investment provider on your behalf and will be mailed to you. You will need to mail the check to the receiving investment provider. Income taxes will NOT be withheld.**

To an Existing Retirement Plan at Fidelity Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over. (Example: new employer's plan)

Name of the receiving plan:

To an Income Annuity Fidelity will mail a check from the proceeds of your account to the insurance company you select once we receive a completed annuity contract application signed by you and a letter of acceptance signed by the insurance company.

Payable to Me (See the instruction page for further information on mandatory tax withholding.)

I certify that I am eligible for the EPC Minister Housing Allowance.

STEP 5 INDICATE HOW YOU WOULD LIKE TO RECEIVE THE PAYMENT(S)

By check (You should receive your check in 7–10 business days from the date of distribution.)


By check sent by an express delivery service (NOT available for Systematic Withdrawal Plan.) I understand that a fee of not more than \$35 will be deducted from my account. **This check cannot be delivered to a PO Box.** Express delivery is available in the U.S. and Canada. (You should receive your check in 4–5 business days from the date of distribution.)

Deposit into a Fidelity nonretirement account. To open a new account, please go to www.fidelity.com or attach an account application.

Fidelity Account #:

I understand that all assets will be invested in Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus. (Your money will be available in 5–7 business days from the date of distribution.)

Electronic Funds Transfer (EFT requires a 10-day set up period prior to processing a distribution.)
(Complete the EFT application (found on www.Fidelity.com) and attach a voided check. Include both with your distribution form.)

Continued on next page. 

STEP 6 SPOUSAL CONSENT

To be completed by the Participant:

Check off your **current** marital status. If you are married and you do not specify distribution in the form of a qualified joint and 50% survivor annuity (or a higher percentage, if so provided under your employer's plan), then your spouse must sign the consent portion of this form in the presence of a notary public. The spousal consent is valid until you change your distribution election.

Single—I certify under penalties of perjury that I am not married as of the date that this form is signed. I understand that if I marry after this date, but before distribution commences, the rules for married individuals will apply to me.

Married—I certify that I am married and that distributions must be made to me in the form of a qualified joint and survivor annuity, unless I have elected another form of distribution and my spouse signs the spousal consent section below in the presence of a notary public (or plan representative, if authorized by your plan).

To be completed by the Participant's spouse:

I hereby consent to the election of distribution as indicated by my spouse, to have benefits paid in the form specified rather than in the form of a qualified joint and survivor annuity. Further, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver of a qualified joint and survivor annuity is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

Signed (*Spouse*):

Date:

To be completed by a notary public:

Note: A signature guarantee cannot be substituted for a notary.

Sworn before me this day

In the State of

County of

Notary Public Signature:

Notary stamp must be in the above box.

My Commission Expires:

STEP 7 INCOME WITHHOLDING

Payments subject to withholding are either eligible rollover amounts or non-eligible rollover amounts. Please see instructions for more information on mandatory withholding.

Federal Income Taxes


I elect **not** to have federal income taxes withheld from my taxable distribution. **Eligible rollover amounts not directly rolled over are subject to mandatory withholding of 20% for federal income taxes. A payee cannot elect out of this withholding.**

I elect to have a total of % withheld for federal income taxes.

State Income Taxes

I elect **not** to have state income taxes withheld from my distribution. (Please note that some states require state income taxes to be withheld.)

I elect to have state income taxes withheld according to state tax tables. (Please note that we are unable to withhold additional state taxes.)

Continued on next page. 

STEP 8 YOUR SIGNATURE

I certify that all information provided by me on this form is true and accurate. I certify under penalties of perjury that my Social Security number in Section 1 of this form is correct. If I am a nonresident alien, I have attached IRS Form W-8BEN and included my U.S. taxpayer identification number with this form in order to claim any applicable tax treaty benefits.

- To the extent my plan allows, I have chosen to directly roll over my eligible assets to an “unlike” plan at Fidelity, and I acknowledge that I am rolling eligible 401(a)/401(k) plan assets or 403(b) plan assets to a 401(a),401(k), 403(b) or governmental 457(b) plan, or IRA.
- To the extent I have chosen to directly roll over my eligible assets to a similar plan at Fidelity, I acknowledge that I am rolling eligible (1) 403(b) assets to a 403(b) plan or IRA, or (2) 401(a)/401(k) assets to a 401(a)/401(k) plan or IRA.
- To the extent I have chosen to directly roll over my eligible rollover amounts, I hereby direct Fidelity Management Trust Company (or its affiliate(s) and/or successor(s) appointed pursuant to the terms of such accounts as applicable) (“FMTC”) to roll over the amount indicated in Section 3 on this form to my account under another employer’s plan or IRA, except to the extent that my current employer’s plan or federal law prohibits such a rollover. In the event certain assets are not eligible to be rolled over, I hereby direct FMTC to retain the ineligible portion of my assets in the plan and to roll over the remainder as directed herein.

Your Signature: Date:

STEP 9 PLAN SPONSOR APPROVAL

Approval of the distribution request is required from EPC Benefit Resources, Inc (Main Office), even if you are no longer employed by EPC Benefit Resources, Inc. Please complete section 9 and return in to the Main Office in order to obtain Plan Sponsor authorized signature.

On behalf of: (name of Participant)

Date of Hire: Termination Date: Vesting Percentage: %

Stop here and return this form to EPC Benefit Resources, Inc. for Plan Sponsor authorized signature. The Main Office will then forward your form to Fidelity Investments.

You can return this form one of three ways:

- Fax: (407) 930-4492
- Scan and email to: Benefits@epc.org
- Mail to: EPC Benefit Resources, Inc., 5850 TG Lee Boulevard, Suite 510, Orlando, FL 32822

FOR EPC BENEFIT RESOURCES, INC. MAIN OFFICE USE ONLY:

I acknowledge that the distribution requested on this form for the reason(s) indicated in Step 2 of this form is permitted under the terms of the employer’s plan. In addition, my name is on record with Fidelity to sign on behalf of the employer sponsoring this plan.

Authorized Signature: Date:

Please print name of authorized individual signing above:

First and Last Name:

For Fidelity Use Only

COPY

Instructions for EPC Main Office Only

Return this form, unless otherwise directed, to: Fidelity Investments, PO Box 770002, Cincinnati, OH 45277-0090.

If you wish to overnight the form, please send it to Fidelity Investments, 100 Crosby Parkway, KC1E, Covington, KY 41015

