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Fidelity Investments
Systematic Distribution Form
Church of the Nazarene 403(b) Retirement Savings Plan
Plan #72185

Instructions: Use this form if you wish to request a systematic distribution from your Church of the Nazarene 403(b) Retirement Savings Plan account. Please complete this form and, unless otherwise directed, return it to:

Pensions and Benefits USA, Church of the Nazarene, 17001 Prairie Star Parkway, Lenexa, KS 66220

Questions? Call Fidelity Investments at 1-866-NAZARENE (629-2736), Monday through Friday, from 7 a.m. to 11 p.m. Central time.

1. PARTICIPANT INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

A. Your Information

Social Security #: - -

First Name: M.I. Last Name:

Date of Birth: - -

Street Address:

City: State: ZIP: -

Daytime Phone: - - Evening Phone: - -

E-mail:

Ordained or District-Licensed Nazarene Minister **Other Employee**

2. HOUSING ALLOWANCE DESIGNATION FOR MINISTERS

I certify that I am eligible for a Nazarene minister's housing allowance*

*Minister's 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 nontaxable.

3. REASON FOR DISTRIBUTION

Attainment of age 59½ Attainment of age 62
 Separation from service† Disability

†Please be aware that if you receive a withdrawal before you reach age 59½, there may be a 10% early withdrawal penalty assessed by the IRS. Please see Section 5 of this form for more information on noneligible rollover amounts.



6. INCOME TAX WITHHOLDING

Eligible rollover amounts and noneligible rollover amounts are subject to an income tax withholding. **If you have certified your eligibility to receive this distribution as a Nazarene minister's housing allowance, this Section 6 does not apply.**

Eligible Rollover Amounts: SWPs are noneligible rollover distributions. Eligible rollover amounts that are not rolled directly to an IRA or another eligible retirement plan are subject to mandatory withholding of 20% for federal income taxes. A payee cannot elect out of this withholding. Many states require that state income taxes be withheld whenever federal income taxes are withheld.

Noneligible Rollover Amounts: The following payments are not considered eligible rollover amounts: a minimum required distribution; level payments over at least ten years or, if less, the payee's life expectancy; death benefit payments to nonspouse; or financial hardship withdrawals. Taxable amounts that are not eligible for rollover are subject to federal income tax withholding unless the payee elects out of withholding. If the payment(s) occurs in one tax year (a nonperiodic payment), the default federal income tax withholding is 10%. When the payments are made over two or more tax years (level periodic payments), the default federal income tax withholding is based on the withholding tables using married (filing joint return) with three withholding allowances. If this payment is a noneligible rollover amount, a payee can elect out of this default withholding by selecting the following:

If you are a nonresident alien, you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with this Distribution Request Form to claim tax treaty benefits, if applicable. Please note that a payment to an address outside of the United States will be withheld at a 30% rate unless the payee submits a completed IRS Form W-8BEN. Please go to the IRS Web site, www.IRS.gov, to download the form or visit an IRS office.

7. SPOUSAL CONSENT

Single Married

I hereby consent to the election of distribution, as indicated by my spouse, to have Church of the Nazarene 403(b) Retirement Savings Plan benefits paid in the form specified.

Spouse's Name:

Spouse's Signature: Date: --

8. YOUR SIGNATURE

I certify that all information provided by me on this form is true and accurate. I hereby certify under penalties of perjury that my Social Security number in Section 1 of this form is correct and that I have read the Special Tax Notice Regarding Plan Payments.

Printed Name:

Signed: Date: --

Please return your completed and signed form to:

**Pensions and Benefits USA
Church of the Nazarene
17001 Prairie Star Parkway
Lenexa, KS 66220
Fax: 800-334-0634**

