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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:

**Nazarene 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 7:30 p.m. CT.

**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.

SWPs are distributions in the form of periodic payments; please fill in the amount you wish to receive. The monies will be taken proportionally across all available sources/investment options. This method of distribution is not available for reasons of financial hardship.

**Specific Dollar Method:** If you would like a specific amount sent to you on an installment basis, check the Specific Dollar Method and list the amount you would like to receive each time. Also indicate the date you would like to begin receiving distributions and at what intervals (monthly, quarterly, or annually). Twenty percent deferral income tax will be withheld on specific dollar systematic withdrawal plans. This method will continue until the full balance of your account has been distributed. You may change or discontinue this option at any time in writing or via phone. Please allow five business days to process any change.

☐ Proportionally across all available sources and investment options

☐ From Employer APS assets only

To be paid:

Choose ONLY one delivery method and provide any required information. The method you choose will be used for any payment(s) requested on this form. Processing begins when your distribution request is approved. Estimates about the time needed to complete your request are not guaranteed.

At least one owner's name must be exactly the same on both accounts.

☐ EFT is already setup for this account. (Allow 3 business days. Skip to Section 7)

☐ Set up EFT to bank or credit union account: (Allow 18-21 business days [Includes verification, set-up, and transaction processing] If the EFT cannot be set up in time for you to receive your MRD before the deadline your distribution may be sent by regular mail)

☐ Checking. (Provide account information or attach voided check.) ☐ Savings. (Attach deposit slip.)

Bank Routing Number (Nine digit number starting with 0, 1, 2, 3, or 4):  
(Ask your bank for the routing number.)

Bank Name:

Bank Account Number:

Bank Account Owner(s) Name(s):	
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## Check

☐ Check sent to mailing address. (Default if no choice indicated. Allow 7 business days.)

☐ Check sent by UPS delivery. (A fee of \$25 will be deducted from your account. Allow 2 business days. For on-time payments ONLY; not available for delivery to a P.O. Box or foreign address.)

☐ Deposit into a Fidelity nonretirement account

Fidelity Nonretirement Account Number:



## 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](http://www.IRS.gov), to download the form or visit an IRS office.

## 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:

X

Date:

Please return your completed and signed form to:

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

