## 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. <b>A. Your Information</b>							
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 housin	g allowance*						
*Minister's housing allowance partial withdrawals will be coded as "taxable meet the IRS guidelines on the amount of housing allowance that can be r	amounts not determined" on IRS Form 1099-R. It is the minister's responsibility to nontaxable.						
3. REASON FOR DISTRIBUTION							

Attainment of age 59½

Attainment of age 62

Separation from service<sup>†</sup>

Disability

<sup>†</sup>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.

## 4. METHOD OF DISTRIBUTION PAYMENT

## Systematic Withdrawal Plan (SWP)

	· · ·		in the amount you wish to receive. The monies will be taken thod of distribution is not available for reasons of financial hardship.					
CHOOSE ONE SWP METHOD BELOW.								
Method and list the am and at what intervals (m atic withdrawal plans.	ount you would like to nonthly, quarterly, or ar This method will contin	receive each time nually). Twenty p nue until the full b	ount sent to you on an installment basis, check the Specific D. Also indicate the date you would like to begin receiving distriercent deferral income tax will be withheld on specific dollar alance of your account has been distributed. You may change se allow five business days to process any change.	ributions system-				
Pay me \$	Pay me \$ each period. To be paid: monthly quarterly annually							
beginning:		On the	of the month					
Proportionally acro	oss all available sources	and investment c	ptions					
From Employer Al	PS assets only							
Period method. Howev	er, if the period is less t	han 10 years, the	our entire account balance over a period of time, check the Sp n 20% federal income tax will be withheld for each distribution via phone. Please allow five business days to process any char	on. You				
To be paid:								
monthly	quarterly	nnually, for	years, beginning:					
		5. DELIVE	RY METHOD					
Choose ONLY one deliv payment(s) requested on time needed to complete Electronic Funds Trans	this form. Processing be your request are not gua	gins when your dis	nation. The method you choose will be used for any tribution request is approved. Estimates about the					
At least one owner's name	e must be exactly the same	me on both accoun	ts.					
EFT is already	setup for this account. (A	Allow 3 business d	ays. Skip to Section 7)					
	the EFT cannot be set up		business days [Includes verification, set-up, and transaction recieve your MRD before the deadline your distribution may					
Checking	g. (Provide account inform	mation or attach vo	ided check.) Savings. (Attach deposit slip.)					
	Number (Nine digit num k for the routing number		1, 2, 3, or 4.):					
Bank Name:								
Bank Account	Number:							
Bank Account	Owner(s) Name(s):							
Check								
Check sent to r	nailing address. (Default	t if no choice indic	ated. Allow 7 business days.)					
Check sent by payments ONI	UPS delivery. (A fee of Y; not available for deli	\$25 will be deduct very to a P.O. Box	ed from your account. Allow 2 business days. For on-time or foreign address.)					
Deposit (Allow 3 busine	ess days)							
Deposit into a	Fidelity nonretirement ad	ccount						
*	tirement Account Numbe							

## 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 withhold-ing is 10%. When the payments are made over two or more tax years (level periodic payments), the default federal income tax with-holding 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 40	3(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 m penalties of perjury that my Social Security read the Special Tax Notice Regarding Plar Printed Name:	number in Section 1 of this				
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				



Fidelity Investments Institutional Operations Company, LLC