

CUMBERLAND
PRESBYTERIAN
CHURCH
RETIREMENT
PLAN NUMBER
TWO

FORM #4

**APPLICATION FOR BENEFITS
FOR RETIRED PARTICIPANTS**

I hereby certify that I elect to have my benefits paid under the following form of benefit payment: (check appropriate boxes):

ANNUITIES -

You may elect to do a direct rollover of all or a portion of your pre-tax funds to purchase an annuity-please contact your financial advisor to set up the purchase and rollover paperwork to be sent to the Board of Stewardship, 8207 Traditional Place, Cordova, TN 38016.

HOUSING LUMP SUM WITHDRAWAL-

You may withdraw up to \$180,000 for the purchase of a principal residence. The IRS requires that 20% of the amount be taken out for taxes. Please indicate the amount you are requesting below.

\$ _____

IRA-

You may elect to do a direct rollover of the total value or a portion of your pre-tax funds to an IRA. Direct rollovers allow for funds to be transferred tax free. Contact your financial advisor to set up an IRA and rollover paperwork to be sent to the Board of Stewardship, 8207 Traditional Place, Cordova, TN. 38016.

MINISTER'S ANNUAL HOUSING ALLOWANCE-

You may request a tax-free housing allowance of up to \$18,000 for up to 10 years. Funds must be used for approved housing expenses. Any unused portion of these funds must be reported as income. Please indicate the amount you are requesting below.

\$ _____

MONTHLY WITHDRAWALS-

You may elect to have the Board of Stewardship set up an automatic monthly withdrawal of a specific amount and sent directly to your bank account or home. Please note when requesting an amount that 20% will be taken out and sent to the IRS for taxes. You may send a voided check to the Board of Stewardship with proper instructions or indicate the amount and information below.

Bank Name&Address _____

Routing # _____

Account # _____

Amount Requested \$ _____

**ADMINISTRATOR
ACKNOWLEDGEMENT**

The undersigned duly authorized representative of the Board of Stewardship hereby acknowledges receipt of the forgoing application and approves such benefit request.

Board of Stewardship _____

Date: _____

Participant's Signature: _____

Social Security # _____

Home Address _____