

**Rabbinical Council of America Pension Plan
Request For Distribution**

Participant Information

Participant _____
Address _____
Address _____
Social Security Number ____-____-____ Date of Birth ____/____/____
Date of (first) benefit payment ____/____/____

Payout Information

- Lump Sum Payout of entire account.
- Payout of a portion of account equal to \$_____.
- Periodic Payout of \$_____ paid annually quarterly monthly
- 70½ Distribution (to be computed).

You must read the enclosed Official IRS Tax Notice Regarding Plan Payments before making this election.

- I do not wish to have the plan make a direct rollover on my behalf. Make the entire payment directly to me and withhold 20% of the taxable portion of the amount paid to me.
- Transfer the payment to the institution indicated below as a direct rollover to my Individual Retirement Account.

Account title _____
Institution Name _____
Address _____
Address _____
Account # _____
Special Instructions _____

Parsonage Allowance

My congregation has designated a portion of my pension benefit as parsonage allowance under Section 107(2) of the IRC. The amount of the parsonage allowance is \$_____ and is excludable from the taxable amount for income tax purposes. A current letter from my congregation is attached or already on file.

Voluntary After Tax Contributions

Contributions to the plan made by the congregation were not taxable at the time the contribution was made. However, if contributions were made from personal after tax dollars these amounts are not subject to taxation again. You must notify us of any such amounts so that we can properly adjust the taxable portion of the pension income you will receive. This is to advise you that \$_____ is the sum total of all after tax contributions that have been made to the plan

I certify that I have read the Official IRS Tax Notice Regarding Plan Payments.

Participant's Signature _____ Date ____/____/____