



# AMEC DEPARTMENT OF RETIREMENT SERVICES



## *Certification of Financial Hardship*

Please be informed that the Internal Revenue Code and the governing regulations provide that an annuity plan owner must satisfy certain requirements for a withdrawal of contributions deposited and/or earnings accrued after December 1, 1988 on a Pension Plan.

As the AMEC Department of Retirement Services is not in a position to determine whether you are in compliance with these regulations, please consult your tax advisor to insure that you are satisfying the withdrawal restriction provisions.

*Please Print or Type*

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Your Church: \_\_\_\_\_

Church Telephone Number: \_\_\_\_\_ Episcopal District: \_\_\_\_\_

### **TYPE OF DISTRIBUTION (Check One)**

Disability (Attach Physician's Statement)

Financial Hardship (Must Complete & Sign Below)

Death (Attach Certified Copy of Death Certificate)

### **HARDSHIP DECLARATION:**

I HEREBY CERTIFY THAT I (AS THE PARTICIPANT) HAVE ENCOUNTERED ONE OF THE FOLLOWING ALLOWABLE HARDSHIPS (CHECK ONE)

A.	Medical expenses described in Internal Revenue Code {IRC Section 21(d)} incurred by personal accident or illness of the participant or any dependent of the participant (as defined in IRC Section 152)
B.	The death of a participant's dependent
C.	Funds to acquire, construct or reconstruct a principal residence of the participant or the participant's dependent
D.	Educational expenses of the participant or the participant's dependent

### **I CERTIFY THAT THE AMOUNT REQUESTED FOR DISTRIBUTION:**

1. Does not exceed the amount required to meet the immediate financial need
2. Does not include any amounts not eligible for financial hardship
3. Is not reasonably available from other resources

**DOCUMENTATION SHOWING PROOF OF HARDSHIP IS ATTACHED**

(x) \_\_\_\_\_  
Participant Signature

\_\_\_\_\_ Date

(x) \_\_\_\_\_  
Spouse Signature

\_\_\_\_\_ Date

**PLEASE ALLOW 3-4 WEEKS FOR RECEIPT OF ANNUITY PROCEEDS AFTER ACCEPTANCE AND FINAL APPROVAL OF YOUR REQUEST.**



# African Methodist Episcopal Church Ministerial Retirement Plan

INSTRUCTIONS

PLEASE TYPE OR PRINT

Mail Original to

AMEC Department of Retirement Services  
P. O. Box 1857  
Memphis, TN 38101-1857

## AUTHORIZATION FOR DISTRIBUTION

Participant Name (Please Print)	Social Security Number	Date of Birth	
Mailing Address	City	State	Zip

### A. REASON FOR DISTRIBUTION

TERMINATION INFORMATION (complete only if you are retiring or leaving the church)				
Date of Retirement or Termination	Reason For Distribution (Please Check One) →	Retirement	Termination of Employment	Voluntary Separation/Disassociation
		RMD	Death	Date of Death
		An Original Certified Death Certificate (Check One)		Attached

### COMPLETE THIS SECTION FOR HARDSHIP / OTHER REASON FOR DISTRIBUTION

Reason:  Hardship (Amount Requested \$ \_\_\_\_\_)  Qualified Domestic Relations Order (QDRO)  
 Other \_\_\_\_\_

### B. FORM OF DISTRIBUTION (check one)

- 1. Distribute Cash in Lump Sum (The taxable amount of this withdrawal may be subject to additional 10% penalty tax if made before age 59½)
- 2. Annuity Payment (select only one)  5 Year Certainty  10 Year Certainty  
NOTE: A MINIMUM VESTED BALANCE OF \$5,000 IS REQUIRED FOR CERTAINTY OPTIONS)
- 3. Direct Rollover to IRA – (ATTACH ACCEPTANCE FORM FROM RECEIVING COMPANY)
- 4. Direct Rollover to Qualified Plan – (ATTACH ACCEPTANCE FORM FROM RECEIVING COMPANY)

Make Check Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

### C. PARTICIPANT ACCOUNTS (To Be Completed by Newport Group, Inc.)

\$ \_\_\_\_\_ From \_\_\_\_\_

Distribution Code: \_\_\_\_\_

**NOTE: DISTRIBUTIONS MADE BY LUMP SUM AND PAYABLE TO YOU ARE SUBJECT TO 20% FEDERAL TAX WITHHOLDING**

**D. SPOUSAL CONSENT – REQUIRED IF PARTICIPANT IS CONSIDERED MARRIED UNDER STATE LAW**

Payments to married participants must be paid in the form of a Joint and Survivor Annuity unless the total value of the participant's vested benefit is less than \$5,000 or, if the vested benefit is \$5,000 or greater, and the participant elects and the spouse consents to an alternate type of distribution. I hereby agree to the Non-Joint and Survivor type of distribution and I understand that after the death of my spouse, I will receive no additional payments other than any balance remaining in my spouse's account in the plan.

Marital Status (check one)       Single       Married       Divorced       Widow/Widower

**E. Fiduciary Authorization (The Plan Administrator Must Always Sign)**

One or more (in accordance with the plan documents) Trustee must sign to authorize the liquidation of assets to pay benefits.

(X) \_\_\_\_\_

Plan Administrator / Trustee

Date

**F. FEDERAL INCOME TAX WITHHOLDING**

If your distribution **does not** meet one of the exceptions listed below, it will be subject to a **MANDATORY 20% Federal Income Tax Withholding**. In order to have your distribution transferred to your new Employer's Retirement Plan or an IRA; you must select Item B2, B3 or B4 on the front side of this form and attach an acceptance letter signed by the Custodian or Trustee of your IRA or Retirement Plan.

NOTE: IF YOU CHOOSE NOT TO HAVE FEDERAL TAXES WITHHELD, YOU WILL BE RESPONSIBLE FOR THE PAYMENT OF THESE TAXES.

Exceptions to the 20% mandatory withholding:

1. Required Minimum Distribution
2. Direct Rollover to another Qualified Retirement Plan or IRA. The check must be payable only to the Trustee or Custodian of your IRA or Qualified Retirement Plan.
3. Hardship Distribution

I DO NOT       I DO      WANT FEDERAL INCOME TAX WITHHELD EVEN THOUGH I AM EXEMPT

**G. STATE INCOME TAX WITHHOLDING**

Complete only if you reside in a state that has State Income Tax. If you elect to have State Income Tax withheld from your benefit, please consult with your tax adviser to determine the appropriate withholding amount. State Income Tax will only be withheld if required.

I DO NOT       I DO      WANT STATE INCOME TAX WITHHELD FROM MY BENEFIT.

If you do want State Income Tax withheld, please complete the following: Dollar amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_ %

**OHIO RESIDENTS ONLY**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**SIGNATURE**

This is to certify that I received the *Special Tax Notice Regarding Plan Payments*.

I hereby agree to the form of distribution and the income tax withholding elections on this form. I understand that I cannot be required to accept a lump-sum distribution in excess of \$1,000. If I have elected an IRA or Qualified Plan Rollover, I understand this is an irrevocable election.

I attest that the information provided herein is true and correct to the best of my knowledge.

(X) \_\_\_\_\_      Participant Signature (Required)      Date      Telephone Number

(X) \_\_\_\_\_      Spouse Signature (Required)      Spouse Date of Birth      Date

(X) \_\_\_\_\_      Signature of Beneficiary (only if participant is deceased)      Date      Telephone Number

Beneficiary Social Security Number (only if participant is deceased)      Beneficiary Date of Birth

**THIS FORM MUST BE NOTARIZED**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_

(X) \_\_\_\_\_      My Commission Expires: \_\_\_\_\_

Notary Public Signature

(Notary Seal)