

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ▪ Phone: 800.789.8765 ▪ Fax: 678.825.1261

Please complete this form if you are retired from employment and wish to receive a one-time or recurring distribution from your retirement account. Upon completion, please mail this form to the:

PCA Service Center • 4025 Delridge Way, Suite 250 • Seattle, WA 98106 • 877.543.0055 • or Fax 206-938-5987

## SECTION 1 - Personal Information

Name		Social Security #	
Address	City	State	Zip
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
Home Phone	Cell Phone	Date of Birth	
Email			
Date of Retirement _____		OR <input type="checkbox"/> Still Employed in the PCA	<b>Ordained</b> (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 2 – Payment Information

<input type="checkbox"/> New Request	<input type="checkbox"/> Change Current Payment	<input type="checkbox"/> Stop Current Payments
<input type="checkbox"/> Specific Dollar Amount of \$ _____ OR <input type="checkbox"/> Amount equal to the Retired Minimum Distribution		
<b>Frequency of Payments:</b> <input type="checkbox"/> Once <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
<b>Payment Method:</b> <input type="checkbox"/> <b>Check*</b> (No need to complete the last page.) <small>*Check is only option for one-time or lump-sum requests.</small>		
<input type="checkbox"/> <b>Direct Deposit to Bank Account*</b> (Please read and complete the last page.) <small>*Only available for monthly recurring periodic payments. Not available for one-time or lump-sum requests.</small>		
<b>I would like for my payments to begin on the FIRST day of:</b> _____ (Month) _____ (Year)		
<i>Installment payments are normally disbursed during the last week of the month. Retiree Periodic Distribution Request must be received by the 15th of the month (or prior business day) to be included with the next scheduled installment. Please note: in order for the installment payment to reach you by the first business day of the month, the liquidation will actually occur at the end of the previous month.</i>		
<b>FEDERAL WITHHOLDING</b> <b>Section I – Voluntary Withholding</b> - This section applies if the distribution is not an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code. Eligibility is described in the Rollover Explanation for Qualified Plans and 403(b) Plans - Special Tax Notice Regarding Plan Payments. <b>Check one of the following boxes:</b> <input type="checkbox"/> I elect <b>NOT</b> to have federal income tax withheld from my payment(s). This option is only available for accounts registered in the United States. <input type="checkbox"/> I elect <b>TO</b> have _____% federal income tax withheld from my payments.		
<small>NOTE: Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.</small>		

**Section II – Mandatory 20% Withholding** - This section applies if the distribution is an "eligible rollover distribution" as described in §402(c) of the Internal Revenue Code and you do not elect to directly roll the monies into another qualified plan, 403(b) or individual retirement account.

I understand that I will receive only 80% of the payment since the Custodian is required to withhold 20% of the distribution and send it to the IRS as federal income tax withholding to be credited against my taxes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE WITHHOLDING**

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **NOT** to have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding). \$ \_\_\_\_\_ or \_\_\_\_\_ %

**SECTION 3 – Signatures (Must be completed.)**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature *(Required if married.)*

\_\_\_\_\_  
Date

**Withholding on Eligible Rollover Distributions**

Distributions from a 403(b) account are subject to a mandatory federal withholding of 20% if the distribution exceeds \$200 for the year and is an \*eligible rollover distribution. Distributions that are not eligible rollover distributions are not subjected to the mandatory 20% withholding.

\*Eligible rollover distributions are distributions of all or any part of an employee's balance in a 403(b) plan, except if the distribution is any of the following:

- a required minimum distribution (RMD)
- a series of substantially equal payments made at least once a year over any of the following periods:
  - the employee's life or life expectancy
  - the joint lives or life expectancies of the employee and beneficiary
  - a period of 10 years or longer
- a hardship distribution
- a corrective distribution of excess contributions or deferrals and any income allocable to the excess, or a corrective
- distribution of excess annual additions and any allocable gains
- loans treated as distributions

**An employee may avoid the 20% withholding by having the distribution processed as a direct rollover to an eligible retirement plan. In a direct rollover, the assets are made payable to the trustee or custodian of the receiving retirement plan.**

**SPOUSAL CERTIFICATION - REQUIRED**

Participant must check one of the following:

- I hereby certify that I am currently married. *(Spouse must complete Spousal Consent Section.)*
- I hereby certify that I am married but cannot locate my spouse. *(Do not complete Spousal Consent Section.)*
- I hereby certify that I am not married and that there are no plan benefits payable to a former spouse under the Qualified Domestic Relations Order. *(Do not complete Spousal Consent Section.)*

Participant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Print Name: \_\_\_\_\_

First

Middle

Last

**SPOUSAL CONSENT – REQUIRED, if Married**

As spouse of the above named employee, I have read this consent form and the distribution form to which it relates. I understand that my consent is required for my spouse to receive the distribution as stated on this form. The Plan will not make this distribution unless I sign this consent form.

If this consent form is signed by me and notarized, I understand that by making this distribution to my spouse, the amount available to provide benefits to me on my spouse's death may be reduced. I understand that my consent may not be revoked or withdrawn once given. With this knowledge, I hereby consent to this distribution as requested by my spouse.

Spouse's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Print Name: \_\_\_\_\_

First

Middle

Last

**NOTARIZATION REQUIRED**

Sworn to and witnessed by me this

\_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Expires: \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

\_\_\_\_\_ Date Signed

**For requests of \$100,000 and greater: Medallion Signature Guarantee for participant and for spouse if married.** Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or another 'eligible guarantor institution' as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). **A notary public cannot provide a signature guarantee.**

Medallion Signature Guarantee\*  
(Required)

**STAMP**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*A Medallion Signature Guarantee stamp may be obtained from a domestic bank or trust company, broker-dealer, clearing agency, savings association, or financial institution which participates in a Medallion program of the Securities Transfer Association Medallion Program (STAMP) or the NYSE Medallion Signature Program, as long as the amount of the transaction does not exceed the relevant surety coverage of the medallion. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide a Medallion Signature Guarantee stamp.



# Schwab Debit ACH Authorization Form

Complete only if requesting monthly periodic payments by direct deposit.  
Do not complete if requesting one-time or lump-sum payment.

This form is required for each bank account for which Debit ACH is requested/approved.

## Plan Sponsor Information

Plan Name (please print) Presbyterian Church in America PCA Retirement Plan	Plan Account Number 203765
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## Recordkeeper Information

Recordkeeper Name (please print) Northwest Plan Services, Inc	Recordkeeper ID 140
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The Plan Sponsor hereby establishes a standing authorization that will allow Charles Schwab Bank to request electronic funds transfers between the bank account (indicated below) and the applicable Charles Schwab Bank account. Electronic transfers will occur when an authorized Plan Sponsor or Recordkeeper representative initiates payment using the Schwab Retirement Center ("SRC") website. Transfers are subject to the restrictions and provisions noted on this authorization form and in Charles Schwab Bank's Trust and Custody Electronic Funds Transfer Service Terms and Conditions.

Upload the completed form to SRC; print and mail the completed form to Charles Schwab Bank, Attn: Asset Control, P.O. Box 52087, Phoenix, AZ 85072-2087; or email a scanned copy to CSTCAccountDocuments@schwab.com.

Charles Schwab Bank will notify you via email when the account is ready for the first Debit ACH transfer, typically within five (5) business days after the receipt of this form.

## Debit ACH Authorization Release for Bank/Other Financial Institutions

The Plan Sponsor hereby authorizes Charles Schwab Bank (i) to initiate debit entries to and debit the bank account indicated below and (ii) when appropriate, to initiate reversals of erroneous or duplicate debit entries and credit the indicated bank account. Charles Schwab Bank is authorized to withdraw the exact amount of funds indicated on the SRC Notice of Deposit form associated with the Debit ACH order. This authorization will remain in full force and effect until Charles Schwab Bank has received notification from the Plan Sponsor or Recordkeeper of termination of such authorization and has had a reasonable opportunity to act upon such termination.

The ACH Pull feature requires that the Plan Sponsor's financial institution where the Plan Sponsor's bank account is established accepts electronic debit entries from Charles Schwab Bank. We recommend that you contact your financial institution before submitting your first ACH transfer to ensure that you have the appropriate account settings or permissions in place.

Charles Schwab Bank's company identification code is 2943149038 for your bank's reference.

## Bank/Financial Institution Information

This is a:  Corporate/Organization Checking Account  Corporate/Organization Savings Account  Corporate/Organization General Ledger Account  
 Personal Checking Account  Personal Savings Account

Name of Bank or Financial Institution		
ABA Transit Routing Number	Account Number	Bank Account Name (Nickname)
Contact Email		

## Removal of Bank Account

Remove the following bank account information from Charles Schwab Bank's records, including on the SRC website.

Name of Bank or Financial Institution		
ABA Transit Routing Number	Account Number	Bank Account Name (Nickname)

## Signature(s) and Date(s) Required

X

Authorized Plan Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

X

Additional Authorized Plan Sponsor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

This authorization may be terminated by any of the parties at any time by writing to Charles Schwab Bank, Attn: Asset Control, P.O. Box 52087, Phoenix, AZ 85072-2087, or by calling 1-877-319-2782.

