



403(b) Flexible Monthly Payments Distribution Request

Reform Pension Plan

Use this form to begin taking monthly distributions from your 403(b) retirement account. The Flexible Monthly Payments option lets you change the amount of your withdrawals up to four times per year. Make sure you submit your distribution request by the first business day of the month that you wish to start your monthly payments.

Fill in by hand using black ink or on screen (PDF), then send to RPB electronically at rpb.org/forms, or by fax at 646-923-9662. For your security, please do not email this form.

1. PARTICIPANT INFORMATION

First Name	Middle Name	Last Name
Social Security Number		Participant ID*
Home Address		
City	State	Zip Code
Email Address	Date of Birth (mm/dd/yyyy)	

- Not married Married (*you and your spouse must complete and notarize the Spousal Consent at the end of this form*)

*You can find your participant ID in your quarterly account statement.

2. WITHDRAWAL AMOUNT AND START DATE

Indicate the amount of money you want to withdraw from your retirement account each month and the month you want the withdrawals to start. We recommend that you withdraw no more than 15% of your 403(b) account balance annually.

Gross Monthly Withdrawal Amount \$ _____

Withdrawal Start Month* (mm/yyyy) _____

*RPB makes monthly payments on the last business day of each month.

3. TAX WITHHOLDINGS

Enter your state and federal income tax withholding instructions in the fields below.

Federal Tax Withholdings

Under TEFRA, the 1982 federal tax law, RPB is required to withhold federal income tax on monthly payments unless you instruct us not to. Check the appropriate box and if you want taxes withheld, complete the IRS Form W-4P at rpb.org/forms and upload it along with this distribution request at rpb.org/forms.

- Do not withhold any federal income taxes from my taxable monthly distributions
- Withhold the amounts indicated on my Form W-4P

State Tax Withholdings

- Do not withhold any state income taxes from my taxable monthly distributions
- Withhold _____% from my taxable monthly distributions for _____ state taxes
(name of state)



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For income tax filing, RPB will send you an IRS Form 1099-R in January with the distribution amount for the previous year.

4. BANK ACCOUNT INFORMATION

The bank account information you enter below will be used to deposit your monthly payments directly into your bank account. If you need direct deposit for a non-U.S. based financial institution, please contact our office at 212-681-1818.

U.S. Financial Institution Account Type

Checking Savings

Bank Name _____ Routing Number* _____

Account Owner Name _____

Account Number _____

** Ask your bank for the 9-digit routing number if you don't have it*

5. CHANGES TO MONTHLY PAYMENT AMOUNTS

You can change the amount of your monthly payment up to four times per year. RPB requires four weeks notice in advance of your payment date to change your withdrawal amount. Use the Change Flexible Monthly Payments form at rpb.org/forms.

6. WITHDRAWAL FUNDING

RPB will withdraw your monthly payment proportionally from all of your investment funds. If you DO NOT want your payment taken evenly from all of your funds, check the box below and specify the name of the fund from which you want your money withdrawn.

I want my payment taken from the following fund: _____

7. PARSONAGE TAX EXCLUSION

Retired clergy can exclude allowable housing expenses from your RPB distribution income to reduce your federal income tax liability. Each year, RPB's Board of Trustees will pass a resolution that 100% of your distributions are eligible for the parsonage tax exclusion. You and your tax advisor are responsible for determining the exact amount that will be excluded on your federal tax return.



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8. SPOUSAL CONSENT

If you are married, your spouse must consent to this distribution request by signature and notarize this form. You must also attest that you've informed your spouse of this request.

For Participant

I am requesting monthly withdrawals from my RPB 403(b) retirement plan using the Flexible Monthly Payments distribution option and have fully informed my spouse of the request, together with any and all consequences associated with that request.

Participant's Name *(print full name)*

Participant's Signature

Date

For Spouse

I have been informed of, and fully understand, my spouse's 403(b) monthly payment request, together with any and all consequences associated with that request, and consent to the processing of this request and to the amount, timing, and form of distribution being requested. I understand my consent of this monthly payment is irrevocable.

With an awareness of all this, I release all of my spouse's current and prior employers, as well as the Central Conference of American Rabbis, the Union for Reform Judaism, the National Association for Temple Administration, the Association of Reform Jewish Educators, the Early Childhood Educators of Reform Judaism, the Program and Engagement Professionals of Reform Judaism, Advancing Temple Institutional Development, and the Reform Pension Board from any and all claims that I may have against them to the extent that my spousal rights to any retirement benefits are concerned.

Spouse's Name *(print full name)*

Spouse's Signature

Date

Notarization

State of _____	County of _____	SS. _____
<p>I, _____, certify that on the _____ day of _____, 20____,</p> <p>before me personally came <i>(spouse's name)</i> _____, who is personally—</p> <p>known by me, and who, being duly sworn, did depose and say that he/she executed the foregoing in my presence.</p>		
[Notary Seal]	<p>_____</p> <p>Notary Public</p>	



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9. PARTICIPANT SIGNATURE

I request the payment of distributions as indicated above and acknowledge that I understand the conditions described in this document. I will receive my monthly payment (less applicable tax withholdings) as long as sufficient funds are available in my RPB retirement account. I understand that I can request a change in the monthly amount payable to me up to four times per year, within the maximum and minimum amounts allowed by RPB policy.

I acknowledge that this distribution option does not provide a guaranteed amount of benefit for my life and that it's possible that I may outlive the amount of money in my RPB retirement account.

With an awareness of all this, I release all of my current and prior employers, as well as the Central Conference of American Rabbis, the Union for Reform Judaism, the National Association for Temple Administration, the Association of Reform Jewish Educators, the Early Childhood Educators of Reform Judaism, the Program and Engagement Professionals of Reform Judaism, Advancing Temple Institutional Development, and the Reform Pension Board from any and all claims that I may have against them to the extent that my rights to any retirement benefits are concerned.

I acknowledge that I have read, understand, and accept all the provisions of the RPB Flexible Monthly Payments Policy.

Participant Name *(print full name)*

Participant Signature

Date

Questions? Contact Robert Perry at 646-884-9890 or rperry@rpb.org, or Nicole Daniel at 646-884-9891 or ndaniel@rpb.org

Remember:

- Submit your monthly distribution request by the first business day of the month you want to start your payment.
- RPB makes monthly payments on the last business day of the month.

**Did you print and sign the form?
Did ALL required individuals sign?**

Return to RPB by:

- Uploading your Flexible Monthly Distribution Request Form, IRS Form W-4P, and Spousal Consent, if applicable, at rpb.org/forms
- Fax: 646-923-9666

For your security, please do not email this form.