

## 1 PARTICIPANT INFORMATION

Check one, if applicable.  AG US Missionary  AG World Missionary

Full Legal Name	Date of Birth	Social Security Number	
Address	City	State	Zip
Phone Number	Email Address		

## 2 EMPLOYMENT INFORMATION

Employer Name			
Address	City	State	Zip
Phone Number	Email Address		

## 3 CERTIFICATIONS AND SIGNATURES

Check this box if signing as Evangelist/Independent Contractor Minister; Employer Representative signature is not applicable.

### PARTICIPANT CERTIFICATIONS

I certify and agree to the following:

- I am either 1) actively employed and receiving compensation from an Assemblies of God church or organization, or 2) an Assemblies of God credentialed minister employed by another organization and performing services in the exercise of ministry.
- My employer and I are both responsible for notifying AG Financial Solutions upon my retirement.
- That the burden of proof of continued employment is upon both me and my employer.

### EVANGELISTS/INDEPENDENT CONTRACTOR MINISTER CERTIFICATIONS

I certify and agree to the following:

- I am an independent contractor performing services in the exercise of ministry, that I have ministry related income, and that I am eligible to claim the "still working" exception to delay my required minimum distribution (RMD).
- I am responsible for notifying AG Financial Solutions upon my retirement.
- That the burden of proof of continued eligibility for the exception is upon me.

### EMPLOYER/ORGANIZATION CERTIFICATIONS

As an authorized representative of the above-named employer or organization, I certify and agree to the following:

- The participant is actively employed and receiving compensation.
- The employer is either an Assemblies of God church or organization; or, another organization employing an Assemblies of God credentialed minister to perform services in the exercise of ministry.
- The Plan allows for the delay of RMDs.
- The employer will notify AG Financial Solutions upon the actual retirement of the participant to allow RMDs to begin.

Delay request is for tax year \_\_\_\_\_

Participant Signature	Printed Name	Date
Authorized Employer Representative Signature	Printed Name & Title of Employer Representative	Date

## IMPORTANT INFORMATION

- All 403(b) RMDs must begin no later than April 1 of 1) the calendar year after which the participant attains age 70½, or 2) the calendar year after which the participant retires.
- IRS penalties apply for failure to take RMD when due.
- In any year that you delay your RMD, you may no longer be eligible for minister's housing allowance or exemption from SECA tax on your 403(b) distributions; you must be retired in order to qualify for either of these benefits on your 403(b) distributions.
- This form only applies for the current year. Delaying your RMD in subsequent years requires a new form signed by both the participant and the employer/organization.

*This information is not legal or tax advice. Information is from sources deemed reliable. Information is subject to error, omission, withdrawal, or change. Contact your own tax advisor before taking any action that would have a legal or tax consequence.*