

**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 credentialed by the Assemblies of God; Employer Representative signature is not applicable.

**PARTICIPANT CERTIFICATIONS**

I certify and agree to the following:

- I am 1) actively employed and receiving compensation from an Assemblies of God church or organization, 2) actively employed by a Plan-approved church-related employer, or 3) 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 AGFinancial 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 Assemblies of God credentialed minister who is 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 AGFinancial 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 an Assemblies of God church or organization; a plan-approved employer; or, another organization employing an Assemblies of God credentialed minister to perform services in the exercise of ministry.
- The employer will notify AGFinancial 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 and 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 72, or 2) the calendar year after which the participant retires. (For participants who attained age 70½ prior to January 1, 2020, RMDs must begin in 2020 unless you qualify for a delay.) If your first RMD is taken in the year after you retired, a second RMD must be taken by December 31 of that year.
- 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.*