PCA Retirement & Benefits, Inc.

Retiree Distribution Request Form

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 at the address below. Completed requests will be processed and a check mailed (or direct deposit made) generally within 5 business days of receipt of the request

Section 1 - Personal Information

Name: ________________________________ **Social Security #:** ________________________

Address: __________________________ **City:** __________________ **State:** _____ **Zip:** _________

Date of Birth: ______/_____/______ **Phone:** (_____) ___________

Marital Status:
[ ] Married [ ] Widowed
[ ] Single [ ] Divorced

Date of Retirement: ______/_____/______ **or** [ ] **Still Employed in the PCA**

Section 2 - Payment Information

New Request [ ] Change Current Payment [ ] Stop Current Payments [ ]

[ ] Specific Dollar Amount of $ _____________ [ ] Amount equal to the Required Minimum Distribution

Frequency of Payments:
[ ] Once
[ ] Monthly
[ ] Quarterly
[ ] Annually

Payment Method:
[ ] Check (no need to complete the following pages)
[ ] Direct Deposit to Bank Account (Please read and complete the following pages.)

Date payments requested to begin: _____ / __________
Month Year

Installment payments are normally disbursed on the 1st business day of each 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.

Ordained (Please Check One): [ ] Yes [ ] No

Section 3 - Signatures (Must be completed)

Participant's signature: ______________________________________ **Date:** ___________

Spouse's signature*:* ______________________________________ **Date:** ___________
(*Required if Married*)

- *If you wish to have your funds made available through direct deposit, please complete the following two pages as well.*

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 of 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.

PCA RETIREMENT & BENEFITS, INC.

PCA Retirement Plan
Spousal Consent Page

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 SIGNATURE DATE

PRINT NAME: ____
(First) (MI) (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 SIGNED

PRINT NAME: ____
(First) (MI) (Last)

NOTARIZATION REQUIRED

NOTARIZED: EXPIRES: _______________

Sworn to and witnessed by me, this _____ day of _____ (month), _____ (year)

____ _________________________
NOTARY PUBLIC DATE SIGNED

Charles Schwab Trust Company (CSTC)
Schwab Debit ACH
Authorization Form – Plan Participant

charles SCHWAB

This form is required for each Plan participant's bank account for which Debit ACH is requested / approved.

Plan Sponsor/Plan Information

Plan Sponsor Name (please print)	Plan Name (please print)
Presbyterian Church in America	PCA Retirement Plan
Plan Account Number 203765	Plan Sponsor Email Address (for notifications)

Recordkeeper Information

Recordkeeper Name (please print) Northwest Plan Services, Inc.	
Recordkeeper ID 140	Recordkeeper Email Address (for notifications) pcateam@nwp401k.com

Plan Participant Information

Plan Participant Name (please print)

By enrolling in Schwab Debit ACH, the Participant is establishing a standing authorization that will allow Charles Schwab Trust Company* ("CSTC") and/or Charles Schwab & Co., Inc., as applicable (collectively, "Schwab") to request electronic funds transfers between the appropriate Plan bank account identified on this form and CSTC's bank account. Electronic transfers will occur only when an authorized user from the Plan Sponsor or its Plan Recordkeeper initiates payment using the Schwab Retirement Center (SRC) Web site. Transfers are subject to the restrictions and provisions included on this Authorization Form and SRC's Terms and Conditions.

[redacted]

Schwab will notify your Plan Sponsor or Recordkeeper via e-mail when the account is functioning and ready for the first Debit ACH transfer, typically within five (5) business days after the receipt of form.

Debit ACH Authorization Release for Bank / Other Financial Institutions.

By executing this form, the Plan Sponsor authorizes Schwab to establish the standing authorized described on this Authorization Form. The Plan Participant authorizes Schwab (i) to initiate debit entries to his/her bank account identified herein and to debit that account, and (ii) to initiate reversals of erroneous or duplicate debit entries and to credit the indicated bank account, as appropriate. Schwab is authorized to withdraw the exact amount of funds associated with the Debit ACH order as shown on the *Notice of Deposit* processed through the SRC Web site by the applicable Plan Sponsor or their authorized Plan Recordkeeper. This authorization will remain in full force and effect until Schwab has received notification from the Plan Sponsor of termination of such authorization and has had a reasonable opportunity to act upon such termination.

The ACH Pull feature requires that the Participant's bank accounts accept electronic debit entries from Schwab. We recommend you contact your bank before submitting your first ACH transfer to ensure you have the appropriate account settings in place.

*Charles Schwab Trust Company (CSTC) is a division of Charles Schwab Bank.

Bank / Financial Institution Information

This is a: ☐ Checking Account ☐ Savings Account

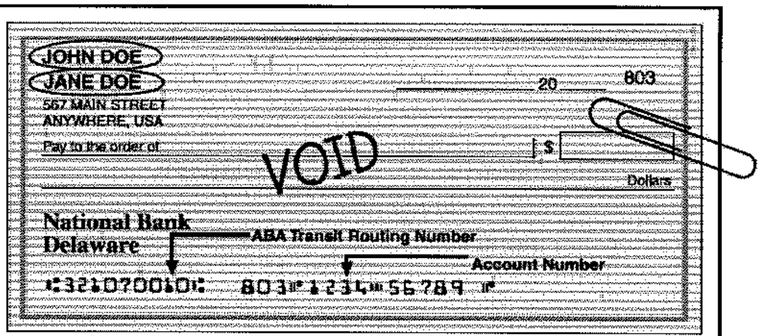
Name of Bank or Financial Institution		
ABA Transit Routing Number	Account Number	Bank Account Name (Nickname) – Optional*

*If selected, Bank Account Name will appear on SRC for easy reference.

Attach a canceled or voided, preprinted check (required) – originals only, no photocopies.

Other acceptable documentation for accounts without checks:

- ☐ Preprinted deposit slips for savings account
- ☐ A letter from the financial institution, signed by an officer, which includes account title, account number, account type and ABA Transit Routing Number



Signature(s) and Date(s) Required

X Authorizing Person Signature	Print Name	Date (mm/dd/yyyy)
X Additional Authorized Participant Signature	Print Name	Date (mm/dd/yyyy)

This authorization may be terminated by any of the parties at any time by writing to Charles Schwab Trust Company, Client Services, 215 Fremont Street, 6th Floor, San Francisco, CA 94105, or by calling 1-877-319-2782.

Charles Schwab Trust Company (CSTC), a division of Charles Schwab Bank, and Charles Schwab & Co., Inc (member SIPC), a registered broker-dealer, provide trust or custody services to clients of Plan Administrator Services. These entities are affiliates of each other and are wholly owned subsidiaries of The Charles Schwab Corporation.