

This form remains valid for up to 180 days.

I. FORM OF PAYMENT

Note: This section should only be completed after consultation with your personal tax advisor.

I have received a "Your Rollover Options" handout which explains the tax consequences of, and the direct rollover option available with respect to, the distribution of my vested account balance under the Association of Free Lutheran Congregations Retirement Plan (the "Plan"). I understand I have the right to defer distribution of my account if my account balance is greater than \$5,000 (see Section III. below) until I attain age 70-1/2 and I have the right to consider the information provided in that notice for a period of at least 30 days.

If your account balance is greater than the amount specified in the preceding paragraph, please note the investment options available under the Plan may not be available to you on similar terms outside the plan. For more information about the investment options that may be available to you under the Plan if you do defer a distribution of your account please contact the Plan Administrator, Cory Buck, at Association of Free Lutheran Congregations, 3110 E. Medicine Lake Blvd, Plymouth, Minnesota 55441 (763 545-5631). Please refer to the Summary Plan Description (particularly the sections entitled "VESTING-Forfeitures", "DISTRIBUTIONS", "INVESTMENTS", "MISCELLANEOUS-Loss of Benefit" and MISCELLANEOUS-Fees) for any special rules that might affect your decision to defer payment. Please note that your account may be distributed without your consent if your account falls below the amount specified in the preceding paragraph.

Before taking a distribution, you should compare the expenses associated with leaving your funds in the Plan with the expenses associated with investing the funds in alternative retirement plans such as your new employer's plan or an IRA. In some cases the Plan may offer an investment vehicle that provides lower fees than is available to you in an IRA or other retirement plan. Alternatively, your new employer's plan may provide lower fees for comparable investments, particularly if your new employer's plan is significantly larger than the Plan. In addition, you should compare the investment options available to you in the Plan with the options available to you in alternative retirement plans. Keep in mind that the Plan Administrator may change at any time the manner in which expenses are allocated to your account as well as the investments offered in the Plan. In addition, the fees associated with investments offered in the Plan are also subject to change at any time.

I hereby elect to have my vested account balance paid in the following manner and, to the extent distribution can be made prior to the expiration of 30 days from the date I received the notice of my rights, I waive my right to consider the contents of that notice for 30 days and consent to the distribution of my benefit as soon as administratively feasible. Please distribute the benefit as follows: (Please note that Hardship distributions may not be rolled over)

- () A. Rollover to:
() IRA
() Eligible Retirement Plan

Note: If you roll over your distribution to an IRA or an employer plan, the housing allowance designation is lost and the distributions made later from the IRA or other employer plan will be subject to income tax.

The rollover check will be mailed to your address listed above.

Name of IRA or Plan: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Account Number: _____

Please note that some payments are not eligible for rollover such as required minimum distributions.

Amount to be rolled over:

1. All of my account balance.

2. _____.
(Enter a dollar amount or percentage)

B. The balance (after any rollover under A) of my account to be paid to me in the following manner (if your vested account balance is less than \$5,000, your balance will be paid in a single lump sum):

in a single lump sum payment.

under a continuous right of withdrawal, with payments of

_____ (enter amount) to be paid

_____ (enter payment frequency, either monthly, quarterly, or annually), payable until such time that a new election is made, or until the balance is fully distributed.

in the following manner: if the Plan offers any investments in guaranteed income for life or similar investment product, an annuity form of distribution may be available through that investment product. Notwithstanding any other provision in the Plan to the contrary, an annuity form of distribution will only be available to the extent that such distribution form has been elected by the Participant through the applicable product. An election to use the applicable product shall be subject to the joint and survivor annuity provisions of the Plan.

in the following manner _____. (Only permitted if the Participant is actively employed and has attained Normal Retirement Age)

Required Minimum Distributions.

- C. Pay my vested account in the following form:
- in cash.
 - in kind. Please note that if you have chosen to roll over your account, the accepting institution must be willing to accept the investments held in your account.

Distributions shall be made first from Accounts other than the Roth Contribution Account and then from the Roth Contribution Account.

IF THE REASON FOR DISTRIBUTION IS AN INSERVICE WITHDRAWAL YOU MAY ONLY RECEIVE YOUR WITHDRAWAL IN A SINGLE SUM CASH DISTRIBUTION

II. WITHHOLDING

- A. If an "eligible rollover distribution" is not rolled over to an IRA or another eligible retirement plan, it will be subject to 20% federal income tax withholding.
- B. A distributee who will receive a payment which is not an "eligible rollover distribution" generally must complete the attached Form W-4P. The "Your Rollover Options" handout describes payments which are not eligible rollover distributions.
- C. No withholding is required if the distribution is less than \$200.

III. ELECTION TO CONTINUE TO DEFER

I do not wish to take my distribution at this time. I will notify you when I wish to receive my distribution.

IV. SIGNATURES

I hereby consent to the distribution requested on this form. I understand that if I do not roll over this distribution that a 10% penalty tax may apply unless I am at least 59-1/2 years old (or some other exception to the tax applies). If I am requesting that a portion of my distributions be rolled over, I hereby certify that the IRA or plan identified above is an "eligible retirement plan" authorized to accept the direct rollover I have specified and that it will accept a direct rollover of my Plan distribution. I understand that a rollover to a Roth IRA may be subject to taxation.

Dated _____, 2017.

Participant's Signature

If you would like Electronic Funds Transfer for your distribution, please complete the information below (any transfer fee will be deducted from your account):

Bank name _____

ABA Routing # (nine digit #) _____

Account # _____

Type of account (checking or savings) _____

As Plan Administrator, I hereby authorize the above distribution.

Plan Administrator's Signature

Date

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