

Part 1

Regional Conference Retirement Application

✓ Checklist

Retiree's Name _____

Conference _____

Part 1 forms to send:

<input type="checkbox"/>	Benefit Calculation Request Form <i>(Be sure the retiree checks ALL options in which they would like to receive a benefit calculation)</i>
<input type="checkbox"/>	Proof of Age Form <i>(for the retiree)</i>
<input type="checkbox"/>	Copy of Birth Certificate/Passport <i>(for the retiree)</i>
<input type="checkbox"/>	Retirement/Termination Salary Form
<input type="checkbox"/>	Service Record –YEARS TOTALED, Signed & Dated by Conference Secretary

P.S. Conference Secretaries – Please be sure to double check the five forms listed above for accuracy, signatures, etc. before mailing.

Send this cover checklist & original documents requested to:

Regional Conference Retirement Plan
7000 Adventist Blvd - Huntsville, Alabama 35896

FOR RETIREMENT OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

Part 1 sent to MOA via FedEx

Date:

By:

**Regional Conference Retirement
Seventh-day Adventist**

**RETIREMENT
BENEFIT CALCULATION REQUEST**

Send this form to the "Office of the Secretariat" of your Conference.

PARTICIPANT'S NAME		SOCIAL SECURITY NUMBER	DAY PHONE NUMBER ()
MAILING ADDRESS Street and Number	City	State	Zip Code

I request a calculation of the following: (Check each option for which you desire a calculation.)

- a. **Non-Refund Life Annuity**
You will receive monthly payments for life. However, all payments cease when you die.
- b. **Full Cash Refund Life Annuity**
You will receive monthly payments for life. If you die before your benefit payments equal the total present value of your benefit at retirement, your beneficiary will receive the balance of that amount in a single sum. Otherwise, payments cease upon your death.
- c. **Period Certain and Continuous Annuity**
You will receive monthly payments for life. If you die before you have received 36, 60, 100, 120 or 180 monthly payments, your monthly benefit will continue to be paid to your beneficiary until a total of 36, 60, 100, 120 or 180 monthly benefits have been paid.
I elect to receive a life annuity with payments guaranteed for a minimum of (please select one):
 36 months 60 months 100 months 120 months 180 months
- d. **Joint and Survivor Life Annuity**
You will receive monthly payments for life. After your death, your joint annuitant, if living, will receive a lifetime monthly income equal to 50%, 66-2/3%, 75% or 100% of your monthly payment, depending on your selection at retirement. Payments will end upon the death of the last survivor.
After my death, my joint annuitant will receive a lifetime monthly income equal to (please select one):
 50% 66-2/3% 75% 100% of my monthly payment amount
- e. **Joint and Survivor with Period Certain and Continuous Annuity**
You will receive monthly payments for life. After your death, your joint annuitant, if living, will receive a lifetime monthly income equal to 50%, 66-2/3%, 75% or 100% of your monthly benefit, depending on your choice at retirement. You may choose to receive 36, 60, 120 or 180 guaranteed monthly payments. If you and your joint annuitant die before the guaranteed period ends, your beneficiary will receive the remainder of the annuity payments.
After my death, my joint annuitant will receive a lifetime monthly income equal to (please select one):
 50% 66-2/3% 75% 100% of my monthly payment amount
 with payments guaranteed for a minimum of (please select one):
 36 months 60 months 120 months 180 months

Please provide the following necessary information about the joint annuitant:

Joint annuitant's name: _____ Male Female

Joint annuitant's date of birth: _____
(Month) (Day) (Year)

NOTE: Do not complete or send claim forms until you receive your benefit calculation.

PARTICIPANT'S SIGNATURE	DATE
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REGIONAL CONFERENCE RETIREMENT**PROOF OF AGE REPORT**

Send this form to the "Office of the Secretariat" of your Conference.

EMPLOYER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER NUMBER
PERSON'S NAME FOR WHOM PROOF IS BEING PROVIDED			SOCIAL SECURITY NUMBER		DAY PHONE NUMBER ()

The person above is a Participant Joint Annuitant Beneficiary Alternate Payee under a QDRO

If proof is for a Joint Annuitant, Beneficiary, or Alternate Payee, the Participant is:

Name: _____ Social Security Number: _____

TO THE PERSON SUBMITTING PROOF: Provide your proof with this completed form. You may then give this material to your Conference Secretary, who will complete the Employer's Section below, return the proof to you and send this form to the Office of the Plan Administrator in Huntsville, Alabama.

TO THE CONFERENCE SECRETARY: If you are satisfied with the proof submitted, please complete this form, return the proof to the person submitting it, and send the form, along with a copy of the proof, to the Plan Administrator.

Anyone who knowingly files false or misleading information is committing a fraudulent insurance act, which is a crime.

PROOF OF AGE

PREFERRED PROOF (Check and submit one of the following:)

Birth Certificate Certification of Birth U.S. Passport U.S. Certificate of Citizenship

ALTERNATE PROOF (If Preferred Proof is unavailable, check and submit two (2) of the following that show birth date)

U.S. Driver's License Passport issued by foreign country Immigration record Infant Baptism Certificate
 Social Security Document Military Discharge record Primary school record Earliest hospital record

EXPLANATION (If one Preferred or two Alternate proofs above cannot be provided)

Explain here and submit this form with any proof available to your Conference Secretary for consideration.

PARTICIPANT'S DECLARATION

Under penalties of perjury, I hereby declare that the information provided above is true and accurate, to the best of my knowledge.

PARTICIPANT'S SIGNATURE

DATE

CONFERENCE SECRETARY'S VERIFICATION

I have examined the evidence checked above, and I am satisfied that the correct date of birth is _____
MONTH DAY YEAR

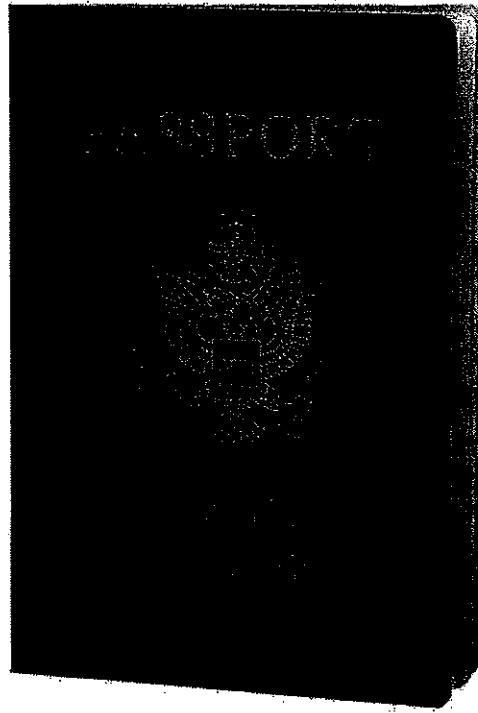
CONFERENCE SECRETARY'S SIGNATURE

DATE

LEAVE BLANK

Approved by _____ Date _____

Copy of Retiree's



Birth certificate,
Passport, Etc..

Goes here!

REGIONAL CONFERENCE RETIREMENT PLAN

Defined Benefit Retirement Plan REPORT OF TERMINATION, RETIREMENT, DEATH

EMPLOYER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER NUMBER
PARTICIPANT'S NAME			SOCIAL SECURITY NUMBER		DAY PHONE NUMBER ()
PARTICIPANT'S ADDRESS Number and Street		City		State	Zip Code
LAST DAY WORKED MONTH DAY YEAR / /	REASON FOR CESSATION OF PARTICIPATION			Please check if 10-month contract. ____% of Base Rate	
	<input type="checkbox"/> Termination of Service	<input type="checkbox"/> Disability			
	<input type="checkbox"/> Retirement	<input type="checkbox"/> Death			

REPORT OF FINAL AVERAGE EARNINGS

DO NOT COMPLETE FOR NON-VESTED PARTICIPANTS.

(Amounts shown below are based on Consecutive Months of Service.)

(Teachers on a 10-month plan are calculated at actual up to 100% of the base rate.)

YEAR	PERIOD			SALARY
	Month/Year	Through	Month/Year	
1		Through		\$
2		Through		\$
3		Through		\$
4		Through		\$
5		Through		\$

MARITAL STATUS OF DECEASED PARTICIPANT

Single Married Widowed Divorced

SPOUSE'S FULL NAME		
SPOUSE'S ADDRESS (if different from deceased participant's) Number and Street		
City	State	Zip Code

EMPLOYER'S SIGNATURE

Before sending this form to Mutual of America, please be sure the participant or, if the participant is no longer living, the beneficiary, is given a copy of the Summary Plan Description.

SIGNATURE OF EMPLOYER	DATE
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1	2	3	4a	4b	5	6	7	8	9	10	11
ar-by-ear	Position/ Type of Work	Employing Organization	Beginning Day/Mo./Yr.	Ending Day/Mo./Yr.	Salaried Full- time (Months)	Salaried Part- time (Months)	Hour- time (Hours)	% Service Credit	% Retrun- eration	Yearly Rate Factor	Signature of Officer
63	Teacher	Lake Region Conf	1/9/63	31/12/63	4 mos						<i>[Signature]</i>
64	Teacher	Lake Region Conf	1/1/64	30/6/64	6 mos						<i>[Signature]</i>
64-65	Prin./Teacher	Central States Conf	Sept., '64		9 mos						<i>[Signature]</i>
65-66	Teacher	Central States Conf	Sept., '65	May 1966	9 mos						<i>[Signature]</i>
72-73	Teacher	Central States Conf	Sept., '72	May 1973	9 mos						<i>[Signature]</i>
73-74	Teacher	Central States Conf	Sept., '73	May 1974	9 mos						<i>[Signature]</i>
76	Teacher	Ohio Conference	1/7/76	31/12/76	6 mos						<i>[Signature]</i>
77	Teacher	Ohio Conference	1/1/77		6 mos						<i>[Signature]</i>
77-78	Teacher	Spring Valley Academy	1/7/77	30/6/78	1 yr						<i>[Signature]</i>
78-79	Teacher	Spring Valley Academy	1/7/78	30/6/79	1 yr						<i>[Signature]</i>
79-80	Teacher/Prin.	Allegheny West Conf	1/9/79	31/12/80	10 mos						<i>[Signature]</i>
80	Teacher	Allegheny West Conf	1/9/80	31/12/80	4 mos						<i>[Signature]</i>
81	Teacher	Allegheny West Conf	1/1/81	31/12/81	1 yr						<i>[Signature]</i>
82	Teacher	Allegheny West Conf	1/1/82	31/12/82	1 yr						<i>[Signature]</i>
83	Teacher	Allegheny West Conf	1/1/83	31/12/83	1 yr						<i>[Signature]</i>
84	Teacher	Allegheny West Conf	1/1/84	31/12/84	1 yr						<i>[Signature]</i>
85	Teacher	Allegheny West Conf	1/1/85	31/12/85	1 yr						<i>[Signature]</i>
86	Teacher	Allegheny West Conf	1/1/86	31/12/86	1 yr						<i>[Signature]</i>
87	Teacher	Allegheny West Conf	1/1/87	31-12-87	1 yr						<i>[Signature]</i>
1988	"	"	1/1/88	19-12-88	10 mos						<i>[Signature]</i>
988	Secretary	"	19-10-88	31-12-88	2 mos					1.06	<i>[Signature]</i>
989	"	"	1 Jan 89	30 Sept. 89	9 mos						<i>[Signature]</i>
003	Teacher	Allegheny West Conf	01 Aug 03	31 Dec 03	5 mos						<i>[Signature]</i>
004	Teacher	Allegheny West Conf	01 Jan 04	31 Dec 04	12 mos						<i>[Signature]</i>
005	Teacher	Allegheny West Conf	01 Jan 05	31 Dec 05	12 mos						<i>[Signature]</i>
006	Teacher	Allegheny West Conf	01 Jan 06	31 June 06	6 mos						<i>[Signature]</i>
Retirement Termination:			June 30, 2006 with 3 years - 2 months of service								

** Total Years Signed*

ORIGINAL RECORDS HERE

SAMPLE

Make sure that it is SIGNED & DATED & YEARS TOTALED by the Conference Secretary