## Adventist Retirement Plan Parsonage Allowance Designation Form Group ID 69472001

Pastors who wish to designate distributions made from the Adventist Retirement Plan as Parsonage Allowance must complete this form and have it authorized by both their local employer and the ARP office.. Beginning October 1, 2010 pastors may preserve a parsonage allowance whether taking a periodic pension payment or alump sum distribution from this plan. NOTE: Allowance claimed is limited to the <u>least</u> of annual fair rental value, amount expended on eligible housing costs, or amount designated as parsonage allowance. Once EMPOWER receives this form from the ARP office, all 1099R tax forms issued to an authorized pastor will reflect 100% of distributions as parsonage allowance eligible. Since the parsonage allowance exclusion is limited by law, you may wish to consult your tax advisor.

Employee Information:		
Name:		SSN:
Address:		·····
City:	State:	ZIP:
After completing this section, send to EMPOWER.	current or last denominational empl	loyer for authorization. Do not send this form to
Retirement Plan because of the follow  1. The retired employee was determined from the last denominational of the retired employee did not be employer prior to retirement be during which time ministerial of the service in ministry for this purpose in the functioning of ordained ministers in the land its integral agencies and the performance of the service in the s	ing qualifications: ermined to be eligible for and receivemployer prior to retirement, or receive the parsonage allowance frout at least one-half of total service credentials were held.  includes pastoral/chaplaincy ministry are conduct of religious worship, the commance of teaching and administra who teach or have positions involving	credit was earned in ministry*  y by a person holding ministerial credentials, the administration and maintenance of the Church tive duties at theological seminaries. It also ing administrative and over-all management
Name of Employing Organization:		
Authorized Signature:		Date:
Print or Type Name of Authorized Sigr After authorizing that the employee is above, mail this form to:	nature: eligible to preserve a parsonage alle Adventist Retirement Plan ATTN: Parsonage Authorization 12501 Old Columbia Pike Silver Spring, MD 20904	owance in retirement distributions as defined
Adventist Retirement Plan Authorizat ARP administration hereby confirms that the distributions from ARP.	tion	llowance exclusion eligible for purposes of periodic
Authorized ARP Signature:		Date:
Print or Type Name of Authorized ARP Sign	nature:	
Questions about this f	form may be directed to the Adventist R	Retirement Plan at (301) 680-6285