

February 9, 2016

Reverend Firstname Lastname  
Title (optional)  
Company (optional)  
Address  
Address  
City, State, ZIP

**RE: Applications for Retirement Benefits  
Participant #**

Dear Reverend Lastname:

Thank you for returning forms from your Retirement Packet. This letter confirms that the General Board has received the following forms:

**Applications for Benefits: <delete those that do not apply>**

Clergy Retirement Security Program (CRSP)  
Collins Pension Plan for Missionaries  
Ministerial Pension Plan (MPP)  
MPP Rollover Agreement for Pension Distribution  
Pre-82 Plan  
United Methodist Personal Investment Plan (UMPIP)  
Retirement Plan for General Agencies (RPGA)  
LifeStage Retirement Income (LSRI)  
Self-Managed Retirement Income (SMRI)

**Tax Forms: <delete those that do not apply>**

State Income Tax Withholding Form  
W-4P Withholding Certificate for Pension or Annuity Payments  
W-9 Request for Taxpayer Identification Number and Certification

**Other Forms: <delete those that do not apply>**

Depository Agreement for Payments  
Designation of Beneficiary

If you have any questions or need additional information concerning your retirement, please call a Retirement Team Specialist at **1-800-883-4078**, or send an e-mail to **retirementteam@gbophb.org**. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m., Central time.

Sincerely,

Retirement Team  
General Board of Pension and Health Benefits