

## FORM 18: In-Plan Roth Conversion Request

Complete this form to request in-plan conversion of all or a portion of your non-Roth funds in your FCMM Retirement Plan Account into Roth funds.

**NOTE:** Distributions from a Roth account are 100% tax free if certain requirements are met. If your converted Roth funds remain in the Plan for a five-taxable-year period and you reach age 59 ½, die, or become disabled, those contributions and related investment earnings are distributed tax-free. If you take a distribution within the five taxable years after you make an In-Plan Roth Conversion or before you reach age 59 ½, die, or become disabled, the related investment earnings will be taxable and you may be subject to a special 10% tax on that full conversion amount, unless you qualify for an exemption. You should consult your tax advisor to determine whether requesting an In-Plan Roth Conversion makes sense. See the FCMM Summary Plan Document (available at [www.fcmmbenefits.org](http://www.fcmmbenefits.org)) and the attached Special Tax Notice for more information.

Contact FCMM at (800) 995-5357 or [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org) with questions.

### STEP 1: Personal Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ **OR**

Taxpayer Identification Number: \_\_\_\_\_ **AND** Country of Issue: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### STEP 2: Disclosures (All items below must be acknowledged)

- I understand this conversion will result in increased income tax liability on the full amount of my In-Plan Roth Conversion in the year of conversion. I further understand the additional taxable income from my conversion could require me to increase wage withholding or pay estimated quarterly tax payments and FCMM will not withhold any amount for federal or state taxes when processing the conversion.
- I have read the attached Special Tax Notice and I understand that my conversion will result in Roth tax treatment of the converted funds.
- I understand this conversion is final and cannot be reversed.

## Form 18: In-Plan Roth Conversion (Page 2)

### STEP 3: Conversion Instructions

Indicate a dollar amount **OR** percentage, not both, from each investment option that you want converted from non-Roth to Roth\* funds. Only use whole numbers.

\$ \_\_\_\_\_ or \_\_\_\_\_ % Merged Assets (Formerly Option A)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % FCMM Lifetime Fund (Option C)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % FCMM Managed Stock Fund (Option D)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % FCMM Managed Bond/Income Fund (Option E)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % American Funds (Option F)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % Vanguard Funds (Option G)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % Adjustable Rate Investment (Option H)  
\$ \_\_\_\_\_ or \_\_\_\_\_ % Biblically Responsible Funds (Option J)

NOTE: FCMM will not withhold any funds for federal or state income tax when processing the conversion. The conversion will be processed using the valuation date as of receipt of completed form in FCMM office.

\*See Special Tax Notice for important information about distributions from a Roth account.

### STEP 4: Signatures

I certify that all of the information provided by me on this form is true and accurate. I hereby certify under penalties of perjury that my Social Security number provided on this form is correct and that I have read the Special Tax Notice Regarding Plan Payments from the FCMM Retirement Plan. I agree to keep FCMM informed if my address changes to ensure I receive IRS Form 1099-R for purposes of income tax reporting on this conversion.

Signature (Electronic Signatures NOT accepted)

Date

### STEP 5: Form Submittal

Please submit this completed form to FCMM using one of the methods noted below, preferably using our **Secure File Exchange**.

**Secure File Exchange**  
<https://fcmmbenefits.leapfile.net/>

Mail  
FCMM Benefits & Retirement  
901 East 78th Street  
Minneapolis, MN 55420

Questions? Contact FCMM Client Services at [fcmm@fcmmbenefits.org](mailto:fcmm@fcmmbenefits.org) or (800)995-5357

FCMM Use Only		
No.	Received in Good Order	Processed