

SERVANT SOLUTIONS

P. O. Box 2559 • ANDERSON, INDIANA 46018 • (800) 844-8983 • (765) 642-3942 Fax

REQUEST FOR STATEMENT OF ESTIMATED BENEFITS

Date _____

The Statement of Estimated Benefits will report projected monthly annuity, installment, and lump sum payment amounts based on stated assumptions.

Complete (please print clearly) and mail this form to Servant Solutions, P.O. Box 2559, Anderson, IN 46018 or fax the form to 765-642-3942. For multiple estimates you may obtain additional forms by calling 800-844-8983, by photocopying this form, or by visiting the website at servantsolutions.org

Are you presently a member of the Servant Solutions Retirement Plan?

Yes No, but I am eligible to participate in the Servant Solutions Retirement Plan.

Name _____ Date of Birth _____

Social Security Number: -- month/day/year

Address _____

Spouse's/Contingent
Beneficiary's Name _____ Date of Birth _____

(To be completed if a Joint and Survivor type annuity is to be estimated for you) month/day/year

For purposes of estimating my Servant Solutions Retirement Plan benefits, please assume

A. that the value of my account, presently, is (check one):

- the current value per Servant Solutions' records.
 \$ _____

B. that my contribution amount will be \$ _____ per month and that the monthly contribution amount will (check one):

- not increase annually
 increase annually by _____ %

C. that the earnings rate on my account, from now until benefit payments begin, will be an average annual return of _____ %

Note: The requested rate of return assumption typically ranges from 4% to 8%

D. that my benefit payments will begin (specify an age or month and year)

- at age _____
 _____ month _____ year

Daytime Phone () _____ - _____ Evening Phone () _____ - _____