

# Electrical Workers Pension Fund

## PARTICIPANT'S REQUEST FOR INCOME TAX WITHHOLDING

Please read all instructions carefully. **Print** your answer to all questions. If you need assistance in completing this form, contact the Fund Office.

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Name: Last First Middle

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Social Security Number

The law requires Federal Income Taxes be withheld from your pension benefits unless you elect not to have withholding apply. **If you do not complete the election form below, Federal Income Taxes will be withheld from your periodic pension benefit as if you were a married individual claiming three (3) allowances.** As a result, no Federal Income Tax will be withheld if your monthly pension payment is less than \$2,033.00. If you wish to have taxes withheld on a different basis, please complete the following election form.

If you elect not to have withholding apply to your pension or if you do not have enough Federal Income Tax withheld from your pension, we are required by Federal Law to inform you that you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

This election will remain in effect until you revoke it and you have the right to revoke the election at any time.

### **FEDERAL INCOME TAX ELECTION**

Please indicate by checking the appropriate box whether you wish to have Federal Income Tax withheld from your pension payments:

- I do not want to have any Federal Income Tax withheld from my pension.
- I want to have Federal Income Tax withheld on the basis that I am:
  - Married       Single
  - with \_\_\_\_\_ exemptions
- I want to have Federal Income Tax withheld from my pension in the amount of \$ \_\_\_\_\_ per month.

### **STATE INCOME TAX ELECTION**

Please indicate by checking the appropriate box whether you wish to have State Income Tax withheld from your pension payments:

- I do not want to have any State Income Tax withheld from my pension.
- I want to have State Income Tax withheld from my pension in the amount of \$ \_\_\_\_\_ per month for the following state:
  - MINNESOTA       WISCONSIN

### **AUTHORIZATION**

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Participant's Signature

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Date