

**WITHHOLDING ELECTION FOR FEDERAL/STATE
INCOME TAX FROM I.B.E.W. PENSION BENEFIT FUND**

NOTE: Both Federal and State Elections must be completed or taxes will not be withheld for pensioners residing in the following states: *California, Delaware, Nebraska, Iowa, Kansas, Maine, Maryland, Massachusetts, North Carolina, Oklahoma, Oregon, Vermont and Virginia

INSTRUCTIONS: Federal law requires you to make a withholding election regarding your pension benefit. You can elect to have no withholding. If you fail to make any election, the law requires automatic withholding based on you being married and claiming three withholding allowances and this will be withheld for both state and federal elections. Your election (or automatic withholding) will remain in effect until you change it.

Even if you elect not to have federal income tax withheld, you are responsible for payment of any federal income tax due. You also may be subject to tax penalties if your payments of estimated tax and/or withholding, if any, are not adequate. Complete your election by **initialing the one option** you elect. If electing option 1,2,3 or 4, supply the information that option requires. Sign and date your completed form in the space provided below.

The states listed above change tax status periodically and it is the responsibility of pensioners to consult their advisor regarding state tax status.

FEDERAL TAX (Check one box)

With reference to my monthly pension benefit, I elect the following:

- 1 Withhold at the **married** rate with _____ allowances _____
Number Initial Here
- 2 Withhold at the **single** rate with _____ allowances _____
Number Initial Here
- 3 Withhold at the rate checked above **PLUS** an **ADDITIONAL** flat amount of \$ _____ per month. _____
Dollars Initial Here
- 4 Withhold **ONLY** a flat amount of \$ _____ per month. _____
Dollars Initial Here
- 5 **NO** withholding. _____
Initial Here

STATE TAX (Check one box)

With reference to my monthly pension benefit, I elect the following:

*** Completion of this section is required in the states noted above**

- 1 Withhold at the **married** rate with _____ allowances _____
Number Initial Here
- 2 Withhold at the **single** rate with _____ allowances _____
Number Initial Here
- 3 Withhold at the rate checked above **PLUS** an **ADDITIONAL** flat amount of \$ _____ per month. _____
Dollars Initial Here
- 4 Withhold **ONLY** a flat amount of \$ _____ per month. _____
Dollars Initial Here
- 5 **NO** withholding. _____
Initial Here

Signature _____

Effective Date (for your tax election) _____

Print Name _____

Retiree/Beneficiary Social Security Number _____

ADDRESS INFORMATION

- Current Address Change of Address

Print Name _____

Print Street Address _____

Print City, State, Zip Code _____

(_____) _____
Daytime Phone Number

**For maintenance of Existing
Pensioner- Return form to:**

Fax: 412-234-5400

**BNY MELLON BENEFIT DISBURSMENTS
P.O.Box 569
Pittsburgh, Penna 15230-0569**

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