



Installment Payments Kit

Please review this information carefully before you begin.

What's included in this kit:

- **Installment Payment Withdrawal Form** (Withdrawal Form).
- **Instruction guide** - This will be helpful as you fill out the Withdrawal Form.
- **402(f) Notice of Special Tax Rules on Distributions** - This information is required to be provided to you and will be helpful if you are considering rolling over some or all of your money.

What you need to do:

- Know what's in your account** - You may find it helpful to log in to your account and review your vested balance before you begin. Simply log in at **empowermyretirement.com** and click *Account* at the top of the page and then select *Balance* from the drop-down menu. Review the amount under the column *Vested Balance*.
- Correcting mistakes** - Any changes to the Withdrawal Form must be crossed out and initialed. White-out corrections are not acceptable. If you do not initial all changes, the form may be returned for verification or we may require a new form.
- If you are married**, your spouse must consent to this withdrawal request and their signature must be witnessed by a notary public.
- Complete all pages of the Withdrawal Form.** Make sure all nine digits of your U.S. Social Security number (SSN)/U.S. Taxpayer Identification number (TIN) are entered on the first page of the form and the last four digits are entered at the top of the other pages. Remember to keep a copy of the form for your records.
- Return all pages that include this bar code.**  

Electronically:	Becky@crstpaok.com
Regular Mail:	1310 S Kelly Ave, Edmond, OK 73003
Fax:	405-330-4931

What to expect:

- **If a check is requested, it will be sent to your address on file.** For security purposes, **the Withdrawal Form cannot be used for address changes.** Please log in to your account, click your name in the top right corner of the homepage and verify your home mailing address. If you need to make a change to the address we have on file, call us at 1-833-569-2433.
- **Stay updated on your withdrawal status.** Sign up for text or email updates on the Withdrawal Form. You can also check the status by logging in to your account and click *Account* at the top of the page and then select *Overview* from the drop-down menu. From the left navigation menu, select *Withdrawals*.
- **Still have questions?** Call 1-833-569-2433.

If setting up an ACH please call Empower at 1-833-569-2433 and inform them you need to set up your bank account in their system so you can start installment ACH deposits.



Plan name: The Supplemental Pension/401(k) Plan to IBEW LU 1141 Retirement and 401(k) Plan
Plan number: 780838-01

Installment Payments Withdrawal Form

Use this form to establish or change an installment payment not related to your required minimum distribution.

- The enclosed instruction guide will help you as you fill out this form.
- **Read the enclosed notice carefully.** It contains important tax information.
- Questions on this form? Call 1-833-569-2433, Becky 405-310-7028

Step 1: Your information

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First name MI Last name (Entire name must match the name on file.)

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U.S. Social Security number/U.S. Taxpayer Identification number Date of birth (mm/dd/yyyy) Account extension (if this applies)

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Update me on withdrawal status (optional) by:
 Text message (area code + number)

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You can also check the status of your request at:
empowermyretirement.com

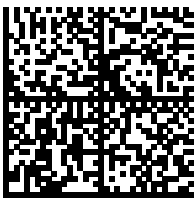
Standard text messaging rates from your mobile carrier may apply.

Email address

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Citizenship and marital status - Failure to provide the following information will result in delays.

Are you a U.S. citizen or U.S. resident alien?	Yes <input type="checkbox"/> OR No <input type="checkbox"/> If no, complete the following information: Country of legal residence <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="height: 20px;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;"> You must submit IRS form W-8BEN with your withdrawal request. Download and print form W-8BEN at irs.gov. If the W-8BEN form is not provided or is not filled out correctly, 30% of your withdrawal will be withheld for federal taxes. Refer to the instruction guide for important IRS Form W-8BEN requirements. </p>	
Are you married?	Yes <input type="checkbox"/> OR No <input type="checkbox"/> If married, your spouse’s signature and consent are required.	

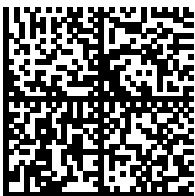


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Last 4 digits of SSN/TIN

Step 3: Installment payment options

<p>Would you like to establish a new or change an existing installment payment?</p>	<p><input type="checkbox"/> Establish a new installment payment.</p> <p><input type="checkbox"/> Change my existing installment payment (Complete only the information you want to change.)</p>
<p>When would you like to start this installment payment?</p>	<p>Date must be between the 1st and the 28th.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(mm/dd/yyyy)</p> <p>If no date is entered, we will set up the installment payments using the date this form is received in good order.</p>
<p>How often would you like your payment?</p>	<p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p>
<p>How would you like your payment amount calculated? (Choose only one.) If multiple are selected, your request will be delayed.</p>	<p><input type="checkbox"/> I would like the amount listed below in each payment (gross amount before taxes):</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Calculate my payment over _____ years.</p> <p><input type="checkbox"/> Only pay the interest on my account.</p> <ul style="list-style-type: none"> • Payments will convert to required minimum distribution at the applicable age. • You must have at least one fixed investment option and attach a copy of your birth certificate or driver's license.
<p>How would you like your payments withdrawn from your account? (optional):</p>	<p>Unless you make a choice below, your installment payment will be calculated and prorated across all the money sources in your account. See the instruction guide for more information about the differences in pretax and after-tax money sources.</p> <p>I would like to draw down this money source first (choose only one):</p> <p><input type="checkbox"/> Pretax</p> <p><input type="checkbox"/> After-tax</p> <p>Once this money source is gone, your installment payments will continue pro rata across the remaining money sources, unless you mark the box below:</p> <p><input type="checkbox"/> Stop my installment payments.</p>



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Last 4 digits of SSN/TIN

Step 4: Tax withholding

Federal tax:

Periodic installment payments lasting longer than 10 years:

For your federal income tax withholding election, unless you elect out of withholding below, or otherwise complete the IRS Form W-4P (please go to irs.gov and enter *Form W-4P* into the search bar or call 1-800-TAX-FORM (829-3676)), federal income tax will be withheld as if you are single with no adjustments. If you choose to make an alternate income tax withholding election, then you must complete and attach the IRS Form W-4P to this Withdrawal Form.

- I elect not to have federal income tax withheld (must have U.S. residence address on file).

I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Periodic installment payments that are scheduled for less than 10 years:

Periodic installment payments that are scheduled for less than 10 years are eligible rollover withdrawals. For eligible rollover withdrawals, the default withholding rate is 20% - you are not allowed to opt-out of withholding, but you may choose a rate greater than 20% by completing Form W-4R (please go to irs.gov and enter *Form W-4R* into the search bar or call 1-800-TAX-FORM (829-3676)). If you choose to make an alternate income tax withholding election, then you must complete and attach Form W-4R to this Withdrawal Form.

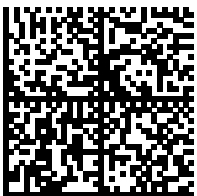
I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

State tax:

Any state tax withholding is based on your state of residence. You can make optional state tax elections if your state allows. Otherwise, we will withhold the standard state tax rate based on the requirements of your state of residence and any elections you make below.

- Do not withhold state taxes from my withdrawal.
- ADD an **EXTRA** (choose either a percentage or a dollar amount, **not both**):
- | | | |
|--|----|--|
| Percentage | | Dollar amount |
| <input type="text"/> <input type="text"/> <input type="text"/> % | OR | \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

I have attached the election form for my state, if required.



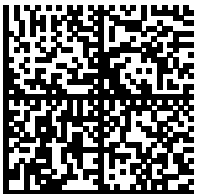
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Last 4 digits of SSN/TIN

Step 5: Delivery options

Mail:	<input type="checkbox"/> Regular mail to my address on file. (Free) Estimated delivery is up to five business days after the withdrawal is completed.																								
Electronic deposit (ACH):	<input type="checkbox"/> Electronic deposit (ACH) to the bank account on file. (Free) Estimated delivery is two to three business days after the withdrawal is completed. Important: If you have more than one bank account on file with us, please provide the account nickname and the last four digits of the account number that you would like to use. For your protection, your ACH banking information must have been previously submitted to us and verified; otherwise, we will send the check(s) to your address on file. Bank account nickname <table border="1" data-bbox="469 709 1520 768"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Last four digits of the bank account number <table border="1" data-bbox="469 814 641 873"><tr><td></td><td></td><td></td><td></td></tr></table>																								

Capstone Retirement Services LLC charges a one time distribution fee of \$75.00.



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Last 4 digits of SSN/TIN

Step 6: Signatures and consent

My consent:

I understand and agree to all pages of this form, instruction guide and notice(s) and affirm all information is correct. I acknowledge the following:

I request a withdrawal of my account according to my instructions on the form. Once a payment has been completed, it cannot be changed or reversed. To make changes to any future installment payments, I will need to complete a new Installment Payment Withdrawal Form.

Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number I have provided in Step 1 is correct. I am a U.S. person if I marked *Yes* to the *Are you a U.S. citizen or U.S. resident alien?* question in Step 1 of this form.

I understand that the IRS requires me to receive the 402(f) Notice of Special Tax Rules on Distributions, which is included in this packet. I have 30 days after the receipt of this notice to determine if I would like to take a withdrawal. By signing this form, I understand I am taking money out before the 30-day decision period expires, and once a payment has been processed, it cannot be changed or reversed.

I understand that the following fee(s) will be assessed for this installment payment request:

- One-time \$50.00 set-up fee

Please note:

This withdrawal request may be subject to an administrative review period prior to processing, and the investments in your account will not be sold until the withdrawal is completed. The review period may take several business days. Your investments may fluctuate with market performance, so you may want to review your account with your advisor prior to making a withdrawal request. If you initiate a fund transfer during the review period, it may delay your withdrawal. If you want to make investment changes prior to withdrawal, please contact us or access your account online.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

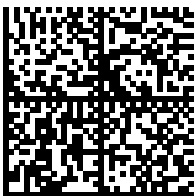
My signature

An original, handwritten signature is required on this form.

Signature date (Required)

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(mm/dd/yyyy)



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Last 4 digits of SSN/TIN

Spouse's consent

As the participant's spouse, my consent is required if I am legally married.

Spouse to complete: I (name of spouse), _____, am the spouse of the person making this request and I have read and understand the withdrawal request. I understand that I can refuse to consent to the withdrawal request, and that my consent cannot be revoked or withdrawn once given. I further understand and voluntarily consent that the withdrawal to be made will reduce any future benefit I may be entitled to. Being fully apprised of these facts, I hereby voluntarily consent to this withdrawal request.

Spouse's signature

Signature date (Required)

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(mm/dd/yyyy)

An original, handwritten signature is required on this form.

Statement of notary for spousal consent:

The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate:

(1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of notary:

Notary seal must be visible.

State of

The consent to this request was subscribed and sworn (or affirmed) to before me on this ____ day of _____, year _____, by (name of spouse) _____

County/Parish/
Borough of

_____ proved to me on the basis of satisfactory evidence to be the person who appeared before me who affirmed that such consent represents his or her free and voluntary act.

Notary Public's signature

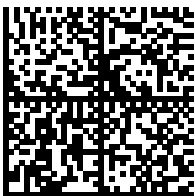
An original, handwritten signature is required on this form.

My commission expires (mm/dd/yyyy)

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Notary Public's full name

Telephone number



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Last 4 digits of SSN/TIN

Authorized plan administrator signature

This request is in compliance with the terms of the plan. The appropriate consent and waivers have been obtained by me, and you are authorized to rely on the information provided on this request.

I certify that the Participant's accurate vesting percentage for each money source is listed below. *(Please be advised that balances may not exist in all money sources.)*

ERO 1 - Employer Pension _____ %

I represent that I am an authorized signer on behalf of the above-named plan and have an authority to instruct you to process this form.

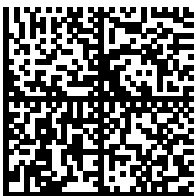
Authorized plan administrator signature

Signature date **(Required)**

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An original, handwritten signature is required on this form.

(mm/dd/yyyy)



Verify and send

Make sure to complete each step.

Did you provide all nine digits of your U.S. Social Security number/U.S. Taxpayer Identification number on the first page and the last four digits on the other pages, answer the citizenship questions and obtain all handwritten signatures? Omitting information will cause delays.

Send your request. Return all pages with the bar code.

Electronically:	Becky@crstpaok.com
Regular Mail:	1310 S Kelly Ave, Edmond, OK 73003
FAX:	405-330-4931

Contact information:

Online empowermyretirement.com
By phone 1-833-569-2433 weekdays from 8 a.m. to 10 p.m. Eastern time
 1-303-737-7249 from outside the U.S.
 TTY number 1-800-345-1833

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____		
	Multiply the number of other dependents by \$500	\$ _____		
	Add other credits, such as foreign tax credit and education tax credits	\$ _____		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends		4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment		4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.) _____ **Date** _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

The Supplemental Pension/401(k) Plan to IBEW LU 1141 Retirement and 401(k) Plan BENEFICIARY DESIGNATION

Participant's Name _____
first middle last

Participant's Address _____
street

city state zip

Social Security No. _____ Marital Status: Married Single or Legally Separated

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

This designation supersedes any prior designation.

Primary Beneficiary: (Check one of the boxes below)

Spouse Primary Beneficiary: I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: _____

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

Non-Spouse or Multiple Primary Beneficiaries: I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent

(must total 100%)

If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature _____ Date _____/_____/_____

The spouse's signature must be witnessed by a Notary Public:

Notary Public: Notarization of spousal consent can be signed off by a Notary Public.

Before me, the undersigned notary, personally appeared _____, and proved to me through identification documents allowed by law, which were _____, to be the person who signed the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, _____

Witnessed: _____ State: _____ County: _____
(official signature and seal of notary)

My Commission expires: _____

The Supplemental Pension/401(k) Plan to IBEW LU 1141 Retirement and 401(k) Plan BENEFICIARY DESIGNATION

Participant's Name _____
first middle last

Contingent Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on our participant website at www.massmutual.com/retire. Plan Administrator: Please retain a copy of this form in your files.

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

Participant _____

_____/_____/_____
Date