



**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. Your election 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 indicating your state allocation where it applies, and initialing the one option you elect. If electing option 1,2,3 or 4, apply the information that option requires. Sign and date your completed form in the space provided below.

**Federal Tax**

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

**Options:**

- 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**  
amount of \$\_\_\_\_\_ per month. Initial Here
- 4. No withholding. Initial Here
- 5. Withhold \_\_\_\_\_% of my taxable benefit Initial Here

**State Tax**

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

- I choose to have my state tax allocated to : \_\_\_\_\_  
State Initial Here
- 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 check above Plus an **additional**  
amount of \$\_\_\_\_\_ per month. Initial Here
  - 4. Withhold ONLY a flat amount of \$\_\_\_\_\_ per month. Initial Here
  - 5. No Withholding Initial Here

\_\_\_\_\_  
Signature

( \_\_\_\_\_ ) \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Retiree/Beneficiary Social Security Number

**Address Information**

- New Home Address
- Cancel Direct Deposit - Home Address Verification

Please note: If this is a permanent address change to a different state, you MUST fill out the state tax election area listed above. Otherwise, state tax will continue under the previous state residence indicated on your monthly payment advice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
Print City, State, Zip code

\_\_\_\_\_  
Retiree/Beneficiary Signature

\_\_\_\_\_  
Retiree/Beneficiary Social Security Number

**Please return completed form to:**