

Federal Income Tax Withholding Change Form



Office # _____

IMPORTANT INFORMATION	
A. Your new withholding will go into effect once it has been received and approved by the Fund. It can be changed again at any time by submitting another form.	B. Please write clearly. Changes that are unclear will be returned as incomplete. C. You must sign and date the form.

NAME _____ LAST 4 SSN XXX-XX-_____

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____

BENEFIT TYPE (*circle one*) ANNUITY DISABILITY

WITHHOLDING ELECTION

(CHECK ONE OPTION BELOW)

- a. I elect to have no withholding taken from my payment.
- b. I elect to use the IRS withholding tables based on the following (*select Single or Married and enter your Number of Exemptions*):
 - Single Married Number of Exemptions _____
- c. Withhold the following FIXED **OR** ADDITIONAL amount \$ _____
from each payment.
- d. Withhold the following percentage _____ % from each payment.

SIGNATURE _____ DATE _____