

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 XX-XXX- _____

STREET ADDRESS _____ APT # _____
(Cannot use PO Box)

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

BENEFIT TYPE (circle one) ANNUITY DISABILITY

WITHHOLDING ELECTION (select one option)

- I elect to have no withholding taken from my payment.

- I elect to use the IRS withholding tables based on the following:
 - Single Married Number of Exemptions _____

- Withhold the following fixed amount \$ _____ or percentage amount _____ % from each payment.

SIGNATURE _____ DATE _____

OFFICE USE ONLY	
Benefit Type _____	Initials _____