

Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338

PHONE: (310) 798-6572

FAX: (310) 798-5092

PENSION BENEFIT TAX WITHHOLDING

IF you want to **change** the amount, if any, that is currently withheld from your regular monthly pension check for Federal and/or **California** State Tax withholding, please complete and return this form to the address listed above. If you **DO NOT** want to change the amount currently withheld from your monthly pension check for Federal and/or **California** State Tax withholding, do not return this form. Forms received by the 19th of the month will be effective the first of the next month.

Type or Print Your Full Name

Home Address (Number and Street or Rural Route)

Is this a new address? Yes No

City, State, and Zip Code

XXX-XX-

Your Social Security Number

If we are unable to determine your request, this form will be returned to you.

Please complete by checking appropriate box below:

FEDERAL: I want

Status: Married Single

I do not want

Number of Exemptions: _____

Additional withholding amount, if any: \$ _____

CALIFORNIA: I want

Status: Married Single

I do not want

Number of Exemptions: _____

Additional withholding amount, if any: \$ _____

NOTE: If you do not want to change your tax withholding, please do not return this form.

Our office can deduct California State Tax from your monthly Pension benefit, but not state tax for other states. If you live outside of California, and require withholding for your State, you should contact your State's tax agency for assistance.

Your Signature

Date

NOTE - FOR OFFICE USE ONLY: If 13 = PR and 14 = P7 - Mandatory 20% Federal Tax or Higher

Revised 3/2011ms