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

<u>IF</u> you want to <u>change</u> 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.

Home Address (Number and Street or	Rural Route) Is this a new address? Yes No
	XXX-XX-
City, State, and Zip Code	Your Social Security Number
If we are unable to determine your	request, this form will be returned to you.
Please complete by checking appro	opriate box below:
FEDERAL: I want	Status: Married Single Single
I do not want	Number of Exemptions:
	Additional withholding amount, if any: \$
	Flat or Percentage \$\sim \\$ or \%
CALIFORNIA: I want	Status: Married Single Single
I do not want	Number of Exemptions:
	Additional withholding amount, if any: \$
	Flat or Percentage \$\sigma\$ or %