

BASIC PLAN FEDERAL AND STATE INCOME TAX PERIODIC PAYMENTS WITHHOLDING FORM

Participant Name: _____

Social Security Number: _____

Withholding of federal (and state for CA residents) income tax is required on periodic payments from qualified plans unless you elect or have already elected not to have withholding. If you elect not to withhold income taxes, or if an insufficient amount is withheld, you may be responsible for the payment of estimated tax. You should consult with your tax advisor.

You may change or revoke your withholding election for future payments by filing a new withholding election form with the Pension Department. Any election you make or revoke will be effective with the next monthly payment when this form is received by the 15th of the prior month.

If you do not specify a withholding election, or do not have a previous withholding election form on file, taxes will be withheld on your monthly benefit payments according to regulatory withholding requirements.

FEDERAL WITHHOLDING ELECTION

Check one of the following:

- I DO NOT want FEDERAL income taxes withheld from my monthly benefit payments.
- I WANT FEDERAL income taxes withheld from my monthly benefits payments, as follows:

Withhold a flat dollar amount of: \$ _____

Federal withholding status: Single Married Number of exemptions _____**CALIFORNIA STATE WITHHOLDING ELECTION**

CA residents only, check one of the following:

- I DO NOT want CALIFORNIA income taxes withheld from my monthly benefit payments.
- I WANT CALIFORNIA income taxes withheld from my monthly benefit payments, as follows:

Withhold a flat dollar amount of: \$ _____

Federal withholding status: Single Married Number of exemptions _____

Participant Signature: X _____

Date: _____