Complete this form to change or revoke your Basic Plan monthly payment tax withholding.

Your election will become effective with your next monthly payment if this form is received by the 15th of the previous month. Return this form to us by mail to DGA–Producer Pension Plan, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036, fax to (323) 653-3560 or email to pension@dgaplans.org.

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 federal (and state for CA residents) regulatory requirements. 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.

Participant Name: ____________________________

Plan ID: ____________________________

**FEDERAL WITHHOLDING ELECTION**

Check one of the following:

- ☐ I DO NOT want FEDERAL income taxes withheld from my monthly payment.
- ☐ I WANT FEDERAL income taxes withheld from my monthly payment, as follows:
  
  Withhold a flat dollar amount of: $ __________
  
  or
  
  Withhold based on my 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 payment.
- ☐ I WANT CALIFORNIA income taxes withheld from my monthly payment, as follows:

  Withhold a flat dollar amount of: $ __________
  
  or
  
  Withhold based on my withholding status:  ☐ Single  ☐ Married
  
  Number of exemptions: ______________

Participant Signature: X

Date: ____________________________