

# The Income Tax Withholding form

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**INCOME TAX WITHHOLDING** - The distributions or withdrawals from this Plan are subject to Federal and State Income Tax withholdings unless you elect otherwise. If you do not notify us that you wish to have taxes withheld, we will withhold Income Tax in accordance with the applicable tax tables.

Please check the appropriate choices below. Please note that even if you elect not to have Income Tax withheld, you are liable for payment of Income Tax on the taxable portion of your monthly pension benefit. You may also be subject to tax penalties under the estimated tax payment rules if your payments or estimated tax and withholding, if any, are not adequate.

\_\_\_\_\_ (A) I do not want to have any Federal or State Income Tax withheld from my pension.

\_\_\_\_\_ (B) I do want Income Taxes withheld from my monthly pension.  
(Indicate below the amount of withholdings you are selecting.)

\_\_\_\_\_ (1) Amount in accordance with applicable tax tables.

Number of exemptions:      Federal \_\_\_\_\_      State \_\_\_\_\_

Marital Status:      Married \_\_\_\_\_      Single \_\_\_\_\_

Married but withhold at higher single rate \_\_\_\_\_

(2 and 3 do not apply if you have chosen a lump sum settlement)

\_\_\_\_\_ (2)      \$ \_\_\_\_\_ Federal      \$ \_\_\_\_\_ State

\_\_\_\_\_ (3)      \_\_\_\_\_ % Federal      \_\_\_\_\_ % State

\_\_\_\_\_ (C) I am exempt from Massachusetts income tax withholding because my legal residence (domicile) is elsewhere and the income being paid was not derived from or connected with an occupation, profession trade or business carried on in Massachusetts.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This official form must be used when applying for a pension from this fund. You will be notified in writing that your application has been received by the Fund office. However, if you do not receive an acknowledgement within ten business days, please notify this office.