IBEW Local 32 –NECA Pension Plan

33 Fitch Boulevard
Austintown, Ohio 44515
Phone: 800-435-2388

Name________________________

SSN ________________________

This is your application for Pension Benefits. Complete this form and mail it to the Administrative Office.

It is recommended that your application and the best possible proof of age which you can obtain should be sent to this office at least 1 month in advance of the month on which you want your pension benefit payments to begin.

The accuracy and completeness of the information you send to us will speed the processing of your application and provide faster payment of the benefits to which you may be entitled. Please answer all questions carefully and we would like to refer particular attention to the various forms of retirement income payments, as explained under Section III on Page 3.

If any further information is required you will be advised by the Administrative Office. You also will be notified by letter of the decision of the Pension Board regarding your application.

SECTION I--TYPE OF PENSION

If eligible, I want to retire on a		To be eligible you must:	
Check one	Type of Pension	be at least	and meet this minimum pension credit requirement*
A. _____	Normal	Age 62 or over	5 or more years of service
B. _____	Unreduced Early	Age 58 to 62	Rule of 90 and have at least 320 hours in either of the two previous plan years
C. _____	Early	Age 55 to 62	5 or more years of service
D. _____	Disability	Any Age	1 or more years of service
E. _____	Death	Any Age	1 or more years of service

If you checked Disability, you must provide proof of disability.

*These are the general rules. The Plan contains the specific requirements which apply for each type of pension.

SECTION II -- PERSONAL INFORMATION

Name ______________________ Social Security Number ___________________

Address ____
Number and Street

____
City and State Zip Code

Date of Retirement ____

Telephone Number ____________________ Local Union No. _______________

Date of birth ____________________ Last Date Worked _________________
(Birth Certificate Required)

Name of Spouse ____

Spouse's Social Security Number ______________________________________

Spouse's Date of Birth _____________ Date of Marriage___________________
(Birth Certificate Required) **(Marriage Certificate Required)**

Complete this section ONLY if you are applying for a total and permanent DISABILITY PENSION BENEFIT.

a) Nature of your disability ____

b) Date you first became disabled ______________________________________
Month Year

c) Name of your physician ____

d) Date you were first treated for your disability_________________________

e) Have you applied for a Social Security Disability Award? Yes_______ No ______

Have you received a Social Security Disability Award? Yes____ No___ (if yes, enclose copy)

Have you been denied a Social Security Disability Award? Yes_______ No_______

SECTION III -- ELECTION OF FORM OF BENEFIT

______ I elect to receive the Annuity pension benefit, which provides for equal monthly installments payable for the rest of my life. Upon my death, no further benefits are payable.

______ I elect to receive the 50% Joint and Survivor Annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my spouse is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the life of and shall be paid to my spouse. In the event that my spouse dies prior to me, my monthly benefit will "pop-up" to the amount that would have been payable had the benefit not been reduced for the 50% Joint and Survivor option.

______ I elect to receive the 75% Joint and Survivor Annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my spouse is alive at the time of my death, 75 percent of my reduced pension shall continue during the life of and shall be paid to my spouse. In the event that my spouse dies prior to me, my monthly benefit will "pop-up" to the amount that would have been payable had the benefit not been reduced for the 75% Joint and Survivor option.

Under federal law, the Plan is required to provide you a comparison of the relative value of the optional forms of benefit available under the Plan in lieu of the qualified joint and survivor annuity which is the normal form of benefit for a married person. The relative value comparison is intended to help you compare the total value of benefit distributions paid in different forms. The relative value calculation is made by converting the value of the joint and survivor annuity to the value of the single life annuity using interest rate and life expectancy assumptions (7% and 1983 Group Annuity Mortality Table) and comparing it to the optional forms. All comparisons are based on the average life expectancies for someone at you and your spouse's ages. The ultimate value of any optional form of benefit will depend on how long you actually live. *Every optional form of benefit under the Plan has an approximately equal value to the regular or normal form of benefit.*

SECTION IV -- SURVIVOR ANNUITY WAIVER

Name of Participant ____

ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY

As a Participant in the IBEW Local 32 – NECA Pension Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor Annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor Annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

( ) I hereby elect to waive the Joint and Spouse Survivor Annuity form of payment.

EXECUTED this _______ day of ________________, 20 ____.

____
Participant's Signature

Witnessed by:

____
Notary Public

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, not to have benefits under the IBEW Local 32 – NECA Pension Plan paid in the form of a Joint and Spouse Survivor Annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death, (b) that my spouse's waiver is not valid unless I consent to it, and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this_______ day of ________________, 20 _____.

____
Participant's Spouse Signature

Witnessed by:

____
Notary Public

SECTION VI -- DESIGNATION OF BENEFICIARY

Name ____ Sex ______

SSN ____________________________________ Relationship ___________

Date of Birth ____________________________________

Address ____________________________________
(Street and Number)

____
(City, State, and Zip Code)

SECTION VII -- SIGNATURES

I hereby apply for a pension from the IBEW Local No. 32 – NECA Pension Plan. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

Signature of Applicant ________________________________ Date __________

Signature of Spouse __________________________________ Date __________

Right to Delay Commencement of Pension Benefits

Your pension plan defines a monthly benefit payable for life commencing at your Normal Retirement Date. As discussed below, depending on your age at termination, you may be able to commence your benefits at a variety of times. The later you choose to commence your benefits, the higher the benefit will be. This is because benefits are defined to be paid for your lifetime and the earlier you commence, the more payments you will be expected to receive over your lifetime.

The following sections explain your benefit commencement date options and provide examples based on a hypothetical $1,000 benefit payable monthly for life commencing at Normal Retirement Date.

Normal Retirement Benefit - You may commence a Normal Retirement Benefit upon your attainment of: age 62 and 5 years of service; or if you commenced participation in the Plan within five years before your 62nd birthday, then the fifth anniversary of the time you commenced participation in the Plan, which ever is later. Under this example you would receive $1,000 a month for your lifetime commencing on your normal retirement date.

Early Retirement Benefit - You are eligible to commence an Early Retirement Benefit after attaining age 55 with 5 or more Years of Service. Your benefit is reduced for early commencement (as more fully described in your plan's Summary Plan Description) as shown in the following example depending on your age and years of service at termination.

Age at Benefit Commencement	Monthly Benefit WITHOUT Age Plus Service Equal to 90	Monthly Benefit WITH Age Plus Service Equal to 90
55	$640.00	$820.00
56	$700.00	$880.00
57	$760.00	$940.00
58	$820.00	$1,000.00
59	$880.00	$1,000.00
60	$940.00	$1,000.00
61	$970.00	$1,000.00
62	$1,000.00	$1,000.00

Late Retirement Benefit - If you wait to start your pension beyond your Normal Retirement Age, your benefit will be no less than a benefit which is actuarially increased for every month after your Normal Retirement Age to reflect the shorter expected payment period. You have the right to defer your benefit commencement date to the later of the calendar year following the calendar year in which you attain age 70 ½ or the April 1 following the calendar year in which you retire.

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2012

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at *www.irs.gov/w4p*. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . **A** ______

B Enter "1" if:
- You are single and have only one pension; or
- You are married, have only one pension, and your spouse has no income subject to withholding; or
- Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is $1,500 or less.

. . . . **B** ______

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . **C** ______

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** ______

E Enter "1" if you will file as **head of household** on your tax return . . . . **E** ______

F **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child . . . . **F** ______

G Add lines A through F and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **G** ______

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds $40,000 ($10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 4.**

OMB No. 1545-0074

2012

Your first name and middle initial	Last name	**Your social security number**
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶ ☐

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . ▶ ______ (Enter number of allowances.)

Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . ▶ $

Your signature ▶ **Date** ▶

Cat. No. 10225T

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 $

2 Enter: { $11,900 if married filing jointly or qualifying widow(er); $8,700 if head of household; $5,950 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2012 income not subject to withholding (such as dividends or interest) . . 6 $

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $

8 **Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction 8

9 Enter the number from the **Personal Allowances Worksheet,** line G, page 1 9

10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 10

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1

2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However,** if you are married filing jointly and the amount from the highest paying pension or job is $65,000 or less, do not enter more than "3" 2

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet 3

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4

5 Enter the number from line 1 of this worksheet 5

6 **Subtract** line 5 from line 4 6

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here 7 $

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . 8 $

9 **Divide** line 8 by the number of pay periods remaining in 2012. For example, divide by 12 if you are paid every month and you complete this form in December 2011. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment . . . . . 9 $

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2012. You also may use the IRS Withholding Calculator at *www.irs.gov/individuals* for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at *www.irs.gov/formspubs.*

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least $1,640 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

DIRECT DEPOSIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize direct deposit of my pension check from the IBEW Local No. 32 - NECA Pension Fund to the following bank account:

Checking Account No.______________________________
(Attach copy of voided check)

Savings Account No. ______________________________

Bank Name____

City________________ State__________________ Zip________

Routing No.________________________________

This authority is to remain in full force and effect until written notification from me of its termination.

Name (please print)____

Social Security No.____

Signature_______________________________ Date_______________