

# SHEET METAL WORKERS LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND

33 Fitch Boulevard  
Austintown, Ohio 44515



Telephone (330) 270-0453  
Toll Free 1-800-589-8041

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 for both you and your spouse 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

<u>If eligible, I want to retire on a</u>		<u>To be eligible you must:</u>	
<u>Check one</u>	<u>Type of Pension</u>	<u>be at least</u>	<u>and meet this minimum pension credit requirement*</u>
A. _____	Normal-Class A Workers Class B and Residential	57 or over 62 or over	5 or more years of service
B. _____	Early-Class A Workers Class B and Residential	55 to 57 55 to 62	5 or more years of service
C. _____	Disability	No age requirement	5 or more years of service and earned 155 hours of work in covered employment within the 24 months prior to date of disability
D. _____	Social Security Level Income	55 to 65	5 or more years of service

If you checked Disability, have your physician provide proof of disability.

If you checked Social Security Level Income option, you must provide the Fund Office with a "benefits estimate statement" from the Social Security Administration.

\*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 \_\_\_\_\_

Permanent mailing address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City and State Zip code

Telephone Number \_\_\_\_\_ Local Union No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Last Date Worked \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Date of Retirement \_\_\_\_\_

During your active participation in the Pension Fund, did you engage in qualified military service? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 RETIREMENT

- \_\_\_\_\_ 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 beneficiary 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 such beneficiary.
- \_\_\_\_\_ I elect to receive the single life annuity pension benefit, which provides for equal monthly installments payable for the rest of my life. If I die before I receive 60 monthly payments, payments will continue to my beneficiary for the balance of the 60 month period.
- \_\_\_\_\_ I elect to receive the Lifetime Level Income Benefit Option which provides a monthly payment until age 62. At age 62 and after, I will receive a reduced monthly benefit. Benefits will cease in the month of my death.
- \_\_\_\_\_ I elect to receive the 50% Joint and Survivor Level Income Benefit Option, which provides a monthly payment until age 62. At age 62 and after, I will receive a reduced monthly benefit. If my contingent annuitant is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the remaining lifetime of my contingent annuitant.

**SECTION IV -- SURVIVOR ANNUITY WAIVER**

Name of Participant \_\_\_\_\_

**ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY**

As a Participant in the Sheet Metal Workers Youngstown District Pension Fund, 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\_\_\_\_\_.

Witnessed by: \_\_\_\_\_ Participant

\_\_\_\_\_  
Notary Public

**SPOUSE'S CONSENT TO WAIVER**

I hereby consent to the foregoing election by my spouse, not to have benefits under the Sheet Metal Workers Youngstown District 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

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)

I hereby apply for a pension from the Sheet Metal Workers Youngstown District Pension Fund. 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.

**SECTION VIII -- SIGNATURES**

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

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Instructions on Required Proofs

Proof of birth date must be furnished for applicant and his joint annuitant, if any. Older documents, such as birth certificates, are preferred to those more recently established. Documents submitted will be photocopied or recorded and returned to you. One or more of the following are suggested. If we may advise you further, please let us know.

1. A birth certificate or delayed birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Hospital birth record, certified by the custodian of such record.
4. Letter from Social Security Administration certifying your date of birth as established for their records. This may be obtained from your local agency.
5. A foreign Church or Government record with a notarized translation.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Family Bible, or other family record. (Don't remove pages from Bible).
8. An insurance policy which shows the age or date of birth\*, whether lapsed or active.
9. Naturalization records;
  - a) Certificate of Naturalization\*
  - b) Intent to become a Citizen\*
  - c) Citizen Identification Card\*
10. Immigration Records\*
11. Passport\*
12. Other government records (Bureau of Census, Washington 25, D.C., will search its records for age evidence upon the execution of an application and the payment of a fee.)\*
13. School Records.\*
14. Military Records.\*

\* Documents must show month, day, and year of birth. Those marked with an asterisk (\*) may require additional evidence of birthdate.

# **Sheet Metal Workers Youngstown District Pension Fund**

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## **Relative Value of Benefit Payment Options**

Our Plan offers several optional forms of payment to eligible participants, in addition to the normal form of payment available under our Plan. In most cases, these optional forms of payment have relatively the same value as the normal form of payment with some exceptions. However, for non-disabled and disabled married participants retiring at certain ages, the present value of the Social Security Level Income Optional (with benefit changing at age 62 or 65) form of payment is more than 105% of the present value of the 50% Husband-and-Wife Pension. These values are reflected in charts at the end of this notice.

The remainder of this notice explains why you need to know this, what this means, and how this was determined.

### ***What Is Relative Value?***

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop “average life expectancies.”
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

### ***What Are The Relative Values Under Our Plan?***

Under our Plan, the normal forms of payment are the:

- 50% Husband-and-Wife Pension for married participants
- Single Life Annuity with 60 months guaranteed for single participants

The optional forms of payment are the:

- Single Life Annuity with 60 months guaranteed for married participants only
- The Level Income Option for both married and single participants

In most cases, these optional forms of payment have relatively the same value as the normal form of payment with some exceptions. For non-disabled and disabled married participants retiring at certain ages, the present value of the Social Security Level Income Optional (with benefit changing at age 62 or 65) form of payment is more than 105% of the present value of the 50% Husband-and-Wife Pension.

### ***How Was This Determined?***

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

The values were calculated, for comparison purposes, assuming the Fund would earn 7.5% interest and that, on average, non-disabled participants and spouses would live as long as predicted under the 1971 Group Annuity Mortality table and the 1965 Railroad Retirement Board mortality table for disabled participants. We also assumed for married participants that the spouse is the same age as the participant.

For the Social Security Level Income option, the interest assumption was 4.69% and the mortality table was the 1994 Group Annuity Reserving Table, as required by the IRS regulation for Plan year beginning January 1, 2007.

#### ***Ratio of the Present Value of the Social Security Level Income Optional Form of Payment to the 50% Husband-and-Wife Pension for Non-Disabled Married Participants***

<b>Commencement Age</b>	<b>Social Security Level Income Option – 62 (w/5 yr. C&amp;L)</b>
55	106.24%

<b>Commencement Age</b>	<b>Social Security Level Income Option – 65 (w/5 yr. C&amp;L)</b>
55	106.22%
60	105.17%

#### ***Ratio of the Present Value of the Social Security Level Income Optional Form of Payment to the 50% Husband-and-Wife Pension for Disabled Married Participants***

<b>Commencement Age</b>	<b>Social Security Level Income Option – 62 (w/5 yr. C&amp;L)</b>	<b>Social Security Level Income Option – 65 (w/5 yr. C&amp;L)</b>
40	122.69%	122.70%
45	121.83%	121.84%
50	120.79%	120.78%
55	119.61%	119.58%

***All other optional forms of payment have relatively the same value as the normal form of payment.***

### ***What Does This Mean To Me?***

As stated earlier, this means some optional forms of payment have relatively the same value as the normal form of payment under our Plan while others could have a greater value. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start.

Upon your written request, you will be provided with a similar comparison, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

*For plan year beginning January 1, 2007*

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**Withholding Certificate for  
Pension or Annuity Payments**

**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 2007.

**What do I need to do?** Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to adjust your withholding allowances for itemized deductions, adjustments to income, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), 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.

**Personal Allowances Worksheet (Keep for your records.)**

<p><b>A</b> Enter "1" for yourself if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span></p> <ul style="list-style-type: none"> <li>• You are single and have only one pension; or</li> <li>• You are married, have only one pension, and your spouse has no income subject to withholding; or</li> <li>• Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,000 or less.</li> </ul> <p><b>C</b> 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 you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .</p> <p><b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as head of household on your tax return . . . . .</p> <p><b>F Child Tax Credit</b> (including additional child tax credit):</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children . . . . .</li> </ul> <p><b>G</b> 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.) . . . . .</p>	<p><b>A</b> _____</p> <p><b>B</b> _____</p> <p><b>C</b> _____</p> <p><b>D</b> _____</p> <p><b>E</b> _____</p> <p><b>F</b> _____</p> <p><b>G</b> _____</p>
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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 have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$40,000 (\$25,000 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.

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

**Withholding Certificate for  
Pension or Annuity Payments**

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

Type or print 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 lines 2 or 3.) ►

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

**Marital status:**  Single  Married  Married, but withhold at higher "Single" rate (Enter number of allowances.)

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 ► \_\_\_\_\_

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return.

<p>1 Enter an estimate of your 2007 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. (For 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See <i>Worksheet 2</i> in Pub. 919 for details.)</p>	1 \$ _____
<p>2 Enter: <math>\left\{ \begin{array}{l} \\$10,700 \text{ if married filing jointly or qualifying widow(er)} \\ \\$ 7,850 \text{ if head of household} \\ \\$ 5,350 \text{ if single or married filing separately} \end{array} \right\}</math></p>	2 \$ _____
<p>3 Subtract line 2 from line 1. If zero or less, enter "-0-"</p>	3 \$ _____
<p>4 Enter an estimate of your 2007 adjustments to income, including alimony, deductible IRA contributions, and student loan interest</p>	4 \$ _____
<p>5 Add lines 3 and 4 and enter the total. (Include any credit amounts from <i>Worksheet 8</i> in Pub. 919.)</p>	5 \$ _____
<p>6 Enter an estimate of your 2007 income not subject to withholding (such as dividends or interest)</p>	6 \$ _____
<p>7 Subtract line 6 from line 5. If zero or less, enter "-0-"</p>	7 \$ _____
<p>8 Divide the amount on line 7 by \$3,400 and enter the result here. Drop any fraction.</p>	8 _____
<p>9 Enter the number from the <b>Personal Allowances Worksheet</b>, line G, page 1</p>	9 _____
<p>10 Add lines 8 and 9 and enter the total here. If you use the <b>Multiple Pensions/More-Than-One-Income Worksheet</b>, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, page 1</p>	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 a joint return) 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).

<p>1 Enter the number from line G, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b>).</p>	1 _____
<p>2 Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying pension or job and enter it here. <b>However</b>, if you are married filing jointly and the amount from the highest paying pension or job is \$50,000 or less, do not enter more than "3."</p>	2 _____
<p>3 If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet.</p>	3 _____
<p><b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.</p>	
<p>4 Enter the number from line 2 of this worksheet</p>	4 _____
<p>5 Enter the number from line 1 of this worksheet</p>	5 _____
<p>6 Subtract line 5 from line 4</p>	6 _____
<p>7 Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying pension or job and enter it here</p>	7 \$ _____
<p>8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed</p>	8 \$ _____
<p>9 Divide line 8 by the number of pay periods remaining in 2007. For example, divide by 12 if you are paid every month and you complete this form in December 2006. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment</p>	9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying pension or job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying pension or job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying pension or job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying pension or job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	850	35,001 - 80,000	850
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 170,000	950	80,001 - 150,000	950
18,001 - 22,000	3	19,001 - 26,000	3	170,001 - 300,000	1,120	150,001 - 340,000	1,120
22,001 - 26,000	4	26,001 - 35,000	4	300,001 and over	1,190	340,001 and over	1,190
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

## 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. 919, How Do I Adjust My Tax Withholding, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2007. You may also use the Withholding Calculator on the IRS website at [www.irs.gov/individuals](http://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 will usually be more accurate if you claim all allowances on the Form W-4P for the highest source of income subject to withholding.

**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, Tax Withholding and Estimated Tax. You can also get forms and publications from the IRS website at [www.irs.gov](http://www.irs.gov).

If you have income from wages, see Pub. 919 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 depends on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its 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 \$1,520 a month.

If you submit a Form W-4P that does not contain your correct taxpayer identification number (TIN), the payer must withhold as if you are single claiming zero withholding allowances even if you choose not to have 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 of exempt organizations described in section 457. 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 TIN) 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 TIN, 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, IRAs, 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, qualified pension plan, governmental section 457(b) plan (if allowed by the plan), 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 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).

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia 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.

STATE OF OHIO  
DEPARTMENT OF TAXATION

Form IT-4  
(11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Public School District of Residence \_\_\_\_\_ School District No. \_\_\_\_\_

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_

2. If married, personal exemption for your spouse if not separately claimed  
(enter "1" if claimed) \_\_\_\_\_

3. Exemptions for dependents \_\_\_\_\_

4. Add the exemptions which you have claimed above and enter total \_\_\_\_\_

5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_