

## Tax Withholding Election

### A Your Personal Information

Name \_\_\_\_\_ SSN \_\_\_\_\_  
*(first, middle, last)*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if the address listed above is new or has recently changed.

Home Phone ( \_\_\_\_\_ ) Email *(optional)* \_\_\_\_\_

### B Federal Income Tax Withholding

Indicate whether or not you want federal income tax\* withheld from your monthly pension or disability payment. To determine your withholding allowances, refer to the Employer's Tax Guide, available at the IRS website ([www.irs.gov/pub/irs-pdf/p15.pdf](http://www.irs.gov/pub/irs-pdf/p15.pdf)).

#### No withholding

Check here if you do not want any federal income tax withheld from your pension or disability payment

#### Request withholding

Check here if you do want federal income tax withheld from your pension or disability payment, and complete items 1 through 3 below

1. Number of allowances *(if you are requesting withholding but have no allowances, enter "0")* \_\_\_\_\_

2. Marital status *(check one)*

Single     Married     Married but withholding at higher Single rate

3. Additional amount, if any, you wish to have withheld from monthly payment *(Note: you may not enter an amount here without first entering the number of allowances, including zero, on line 1)* \$ \_\_\_\_\_

Signature of Member *(required)* \_\_\_\_\_ Date \_\_\_\_\_  
*(mm/dd/yy)*

\* **The Board of Pensions does not withhold for state income taxes, which vary from state to state. Accordingly, you may need to make estimated tax payments to your state for this distribution. Consult your local tax adviser for more information and the appropriate form.**

**Please mail or fax this completed form to:**

The Board of Pensions of the Presbyterian Church (U.S.A.)  
2000 Market Street, Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN) Fax: 215-587-6215