

I.U.O.E. Local 4 Benefit Funds Office
P.O. Box 680
Medway, MA 02053

**I.U.O.E. LOCAL 4 PENSION FUND
ELECTION OF INCOME TAX WITHHOLDINGS**

Your monthly payments from the Pension Fund are considered ordinary income for the purposes of Federal and State (where applicable) taxable income. It is required that you provide written instructions to the Fund Office as to whether or not you wish to have income taxes withheld from your monthly benefit. Completion of this form satisfies this requirement.

It is advisable that you consult with a professional advisor to determine the correct amount of income tax withholdings to satisfy your tax obligation under Federal and State (if applicable) laws to avoid any income tax penalties.

The amount of income tax withholdings can be changed at any time by giving 30 days written notice to the Fund Office and completion of this form.

FEDERAL INCOME TAX ELECTION

_____ I elect **not to have Federal Income Tax withheld** from my monthly pension payments and I understand that the pension payments I receive are taxable income.

_____ I elect **to have Federal Income Tax withheld** from my monthly pension payments in the amount of \$ _____ per month.

**STATE INCOME TAX ELECTION
MASSACHUSETTS RESIDENTS ONLY**

_____ I elect **not to have State Income Tax withheld** from these pension payments.

_____ I elect **to have State Income Tax withheld** in the amount of \$ _____ per month.

Note: Pension recipients residing outside Massachusetts are responsible for reporting state income taxes based on income tax laws in the state that they are a legal resident.

Pensioner's Signature

Social Security Number Date

Pensioner's Name (please print)

Address: _____

Phone Number: _____ - _____ - _____