

# Withholding Authorization Form



Group Number:	Plan Name:	
Payee's Name: (Last, First, M.I.)		Social Security Number:
Payee's Address:		
City:	State:	Zip:

All Payees should seek professional tax advice if they have any questions concerning their tax obligations.

## I. Federal Income Tax Withholding Election - Distributions Not Eligible For Rollover

- Hardship Withdrawals
- Minimum Required Distributions
- Death Benefit Distributions to beneficiaries other than a surviving spouse
- Corrective Distributions (withholding rules will apply if distributions are taxable in the current tax year)
- Annuity / Installment Payments over your lifetime (or a period measured by your life expectancy), or your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or a period of 10 years or more.

For distributions that are not eligible for rollover, withholding is not mandatory. If you elect not to have Federal Income Tax withheld, keep in mind that you are still liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate.

### ONLY COMPLETE THIS SECTION IF YOUR DISTRIBUTION IS NOT ELIGIBLE FOR ROLLOVER.

For single sum distributions, **10% Federal Income Tax withholding will apply unless you elect otherwise below:**

- I elect:  No Federal Income Tax Withholding  
 Apply Federal Income Tax Withholding of (\$ or %) \_\_\_\_\_

For annuity payments or installment payments, Federal Income Tax withholding will apply at a rate **determined by treating you as married, claiming three withholding allowances unless you elect otherwise below** (such election shall remain in effect until revoked by you):

- I elect:  No Federal Income Tax Withholding  
 Apply Federal Income Tax Withholding based upon the following marital status and exemptions:  
 Married  Single Number of Exemptions claimed \_\_\_\_\_  
 In addition, withhold the following additional amount \$ \_\_\_\_\_

**II. Federal Income Tax Withholding - Distributions Eligible for Rollover:** I have received a Special Tax Notice and understand that 20% mandatory federal income tax withholding will apply to an eligible rollover distribution paid directly to me.

**III. State Income Tax Withholding** - For a distribution paid directly to you, please note and complete, as applicable, the following:

**Withholding Election** - If you reside in **California, Oregon or Georgia** (for period payments), state income tax withholding will apply unless you elect otherwise below:

If you reside in **Arkansas**, state income tax withholding will apply to all payments. Below you may elect no state income tax withholding, except for eligible rollover distributions.

- I elect no state income tax withholding

**Voluntary Withholding** - If you reside in any of the following states (or District), you may elect state income tax withholding below (or complete and submit the State's income tax withholding form) - **Alabama, Arizona, Arkansas, Colorado, Connecticut, Georgia** (for a single sum distribution), **Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland** (not applicable to distributions eligible for rollover), **Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, Washington D.C., West Virginia, Wisconsin:**

- I elect state income tax withholding of \_\_\_\_\_ % or \$ \_\_\_\_\_

**Mandatory Withholding** - State income tax withholding will apply when federal income tax withholding applies if you reside in the following states: **Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, North Carolina, Oklahoma, Vermont, Virginia.**

State income tax withholding will apply to distributions eligible for rollover when federal income tax withholding applies if you reside in the following states: **Maryland and Arkansas**

## IV. Payee Authorization

I certify that all information above is true and accurate to the best of my knowledge.

Payee's Signature \_\_\_\_\_

Date \_\_\_\_\_