#### **Pension Application**

#### TREASURERS & TICKET SELLERS UNION LOCAL 751 PENSION FUND

1430 Broadway, 8<sup>th</sup> Floor New York, N.Y. 10018 Tel: 212-302-7300

Fax: 212-944-8687

#### **Instructions:**

Please read all questions carefully and type all answers. Be sure to sign and date this application, and have all signatures notarized where indicated. Mail the completed application to the Fund Office at the address above. You must enclose proof of age for yourself and, if applicable, proof of age for your spouse and proof of marriage.

|    | Data:   |            |                 |           |
|----|---|------------|-----------------|-----------|
| 1. | NameLast  | First      |                 | Middle    |
| 2. | Address:Number & Street   | City       | State           | Zip       |
| 3. | Social Security #:  | Date       | of Birth:       |           |
| 4. | Last date you worked, or intend to work 62, for an employer that contributes to |            | oloyment (or if | , younger |
|    | //<br>Mo. Day Year  | ne i una). |                 |           |
|    | , ,   |            |                 |           |

#### TYPE OF PENSION REQUESTED

Before you select the type and form of your pension, please review the "Relative Value Benefit Options" section below, starting on page 7.

| 5. | If eligible, I want to retire with a (check one type of pension): |   |  |  |  |
|----|---|---|--|--|--|
|    |   | NORMAL PENSION – For employees who have attained age 62 with at least 15 years of Service Credit.                       |  |  |  |
|    |   | <b>EARLY RETIREMENT PENSION</b> – For employees between the ages of 57 and 62 with at least 15 years of Service Credit. |  |  |  |
|    |   | <u>VESTED PENSION</u> – For employees who have completed at least 5 years of Service Credit.                            |  |  |  |
|    |   | <u>DISABILITY PENSION</u> – For employees who have completed at least 15 years of Service Credit.                       |  |  |  |
|    |   |   |  |  |  |

6. <u>JOINT AND SURVIVING SPOUSE PENSION</u> (To be completed by <u>ALL</u> Pension Applicants).

Please check the appropriate box on the following pages and complete the corresponding section.

<u>If you are not married</u>, the Joint and Surviving Spouse Pension is not available and you must check Box A, complete the information requested and have your **signature notarized**.

<u>If you are married</u>, you must check Box B or C or D. <u>If you check Box B</u> you and your spouse must complete the Employee's Statement and Spouse's Statement and have your <u>signatures notarized</u>.

Under this Pension Plan your benefit is paid as a Joint and Surviving Spouse Pension if you are married when you retire, unless you and your spouse reject that form of payment. The Joint and Surviving Spouse Pension provides for an actuarial reduction in the monthly pension for the life of the pensioner. When the pensioner dies, the <u>surviving spouse</u> receives a lifetime pension equal to 50%--75%--100% of the amount being paid when the pensioner was alive.

If the Joint and Surviving Spouse Pension is rejected, a higher amount is paid to the pensioner while living but no pension continues to the spouse after the death of the pensioner except under the 60-Month Benefit Guarantee.

|    | Page 4( <b>B</b> ) and Page 6( <b>C</b> ) or ( <b>D</b> ). If you are married and <u>both</u> you and your spouse <u>do not</u> reject the lifetime <b>50%</b> , <b>75%</b> , <b>or 100%</b> Joint and Surviving Spouse Pension (Box B), your pension <u>must</u> be paid as a 50% Joint Surviving Spouse Pension. | Э |
|----|--|---|
| ۹. | I am not legally married at the present time. I understand I am entitled to the 60-Month Benefit Guarantee listed under Section 8 of the Plan.   |   |
|    | I name as my beneficiary for the survivor benefit the following:   |   |
|    | Beneficiary Name Relationship to me  |   |
|    | Beneficiary Address  |   |
|    | Beneficiary Telephone # Beneficiary Social Security #  |   |
|    | I certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension benefit in a form other than a lifetime 50% Joint and Surviving Spouse Pension.   | ţ |
|    | Print Your Name (Member) Signature Date  | _ |
|    | TO BE COMPLETED BY NOTARY PUBLIC   |   |
|    | State of)  |   |
|    | On theday of 20 before me came   |   |
|    | (Employee)   |   |
|    | to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.   |   |
|    | Notary Public  |   |

Please check and complete only one of the appropriate four boxes on Page 3(A),

| В. | I am legally married and my which I am entitled in the for Spouse Pension. |   | wish to receive the pension to<br>%100% Joint and Surviving  |
|----|--|---|--|
|    | Spouse Pension, my spouse  | that as a result of our re<br>will not be paid a lifetime<br>ecognize that because of | ejecting the Joint and Surviving<br>ne pension from the Pension Plan<br>of this rejection the pension paid<br>a if it were paid as a Joint and |
|    | I understand that this waiver consent of the person to who                 |   | •  |
|    | I hereby direct the Fund to pa<br>under Section 8 of the Plan t            |   |  |
|    | Name of Beneficiary  |   | Relationship to me   |
|    | Address  |   |  |
|    | I hereby swear that the person spouse.                                     | on co-signing this docum  | nent below is my current legal   |
|    | Your Signature   | Date  | Your Social Security   |

#### Spouse's Waiver Statement

I understand I have a legal right to the Joint and Surviving Spouse Pension that pays a lifetime pension to me in the event my spouse dies before me in an amount equal to 50% of my spouse's benefit at the time of his death. I understand my spouse cannot waive the Joint and Surviving Spouse Pension without my consent. I hereby consent to my spouse's waiver of the Joint and Surviving Spouse Pension. I understand that as a result of my consent to waive the Joint and Surviving Spouse Pension, I will not be paid a lifetime pension from the Treasurers and Ticket Sellers Union Local 751 Pension Fund when my spouse dies.

I also voluntarily consent to the designation of the beneficiary named above for the 60-month death benefit (should my spouse die before receiving 60 monthly pension payments). I understand that unless I voluntarily execute the optional General Consent below, my spouse cannot change the beneficiary named above without my consent.

| I understand I do not have to sign this Waiver<br>If I refuse to sign my spouse will receive the J |  |
|--|--|
| Spouse's Signature   | Date   |
| Spouse's Name  | Spouse's Social Security Number                                      |
| TO BE COMPLETED BY NOTARY PUBLIC:  State of  |  |
| On theday of20 before me   | e cameand<br>Employee  |
| Spouse   |  |
| to me known and known to me to be the person de foregoing statement and (s)he duly acknowledged    | escribed in and who executed the to me that (s)he executed the same. |
| Notary Public  |  |

## Optional: SPOUSE'S GENERAL CONSENT TO FUTURE BENEFICIARY CHANGES

The employee's spouse should complete this optional section <u>only</u> if such spouse wants to agree to allow the employee to make future changes to the beneficiary named above without the spouse's consent. Otherwise leave blank.

| I,, described above.   | , swear th | nat I am the legal spouse of the employee                                     |  |  |
|--|------------|---|--|--|
| I acknowledge that I have a right to limit my consent only to the beneficiary named above for the 60-month death benefit, and I voluntarily elect to relinquish such right By signing below I am agreeing that my spouse can change the beneficiary named above in the future without my consent. I understand I do not have to sign this General Consent and am doing so voluntarily. |            |   |  |  |
|  |            |   |  |  |
| (Spouse's Signature)   |            | (Date)  |  |  |
| TO BE COMPLETED BY NOT   | TARY PU    | BLIC:   |  |  |
| State of)  | SS:        |   |  |  |
| County of  | 00.        |   |  |  |
| On theday of   | _20        | before me came  |  |  |
| to me known and known to me  | e to be th | e person described in and who executed acknowledged to me that (s)he executed |  |  |
| Notary Public  |            |   |  |  |

| C. | I wish | to receive the pension to which I a   | am eligible in tl  | he form of a   |   |
|----|--------|---|--|--|---|
|    |        | 50% 75% 100% Join   | nt and Survivi   | ng Spouse  | Pension.  |
|    | surviv | this pension, in the event of my dearing eligible spouse will receive <b>50</b> ° it for his or her lifetime. With this p   | %75%100 <sup>°</sup> %   | of my reduc  | :ed   |
|    | (1)    | The Pension Guarantee listed un apply.  | der Section 8 (  | of the Plan w  | ill not   |
|    | (2)    | If my spouse predeceases me or pension will continue to be paid in  |  |  |   |
|    | (3)    | If my spouse and I are divorced at the election remains in effect and survive me) receive the benefit up. Pension arrangement for his or herelations order states otherwise.  | he or she will<br>nder the Joint a   | (should he o<br>and Surviving  | r she<br>g Spouse   |
|    | (4)    | I must have been married to my soft my death for my spouse to be Surviving Spouse Pension Benefimarried for one year my spouse valifetime.  | eligible to rece<br>it. If I die befor   | ive the Joint<br>re we have b  | and<br>een  |
|    |        | ATTACH COPIES OF YOUR BIF<br>BIRTH CERTIFICATE, AND YOU   | RTH CERTIFIC<br>JR MARRIAG   | ATE, YOUR<br>E CERTIFIC  | SPOUSE'S<br>ATE.  |
|    |        | Print Your Name   | Signature  |  | Date  |
|    |        | Spouse's Name   |  |  |   |
|    |        | Spouse's Social Security Number   | r  |  |   |
| D. |        | I may wish to receive my pension<br>Surviving Spouse Pension and w<br>of the pension benefits payable to<br>Joint and Surviving Spouse Pens<br>page and page 1 to the Fund alor<br>spouse and myself and the date I<br>more precise estimate before sub | ish to be inforr<br>o myself and m<br>ion. I understa<br>ng with proof o<br>I wish my pens | ned of the ex<br>ny spouse un<br>and that I mu<br>of date of birth<br>sion to start if | cact amount<br>der the<br>est send this<br>n for my<br>I want a |
|    |        | My Spouse's date of birth is:   | //   | ///////  | Year  |

#### Benefits Payment Options Relative Value Information

IRS regulations require plans, such as the 751 Pension Plan, to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help you make an informed choices about the form in which you receive your retirement benefits.

#### 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 the 751 Pension Plan, the normal (default) forms of payment are the:

- 50% Joint and Surviving Spouse Pension for married participants; and
- Single Life Annuity with 60-month Guarantee for single participants.

For married participants the optional forms of payment are:

- 75% Joint and Surviving Spouse Pension, and
- 100% Joint and Surviving Spouse Pension

In general, the optional forms of payment available under our Plan have approximately the same actuarial present value as the normal form. This is true for participants retiring on a non-disability pension between ages 57 and 65 with a spouse up to three years younger or older. It is also true for participants retiring on a disability pension between ages 45 and 65 with a spouse up to three years younger or older.

#### 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.

#### What Does This Mean To Me?

As we said earlier, basically, this means that the optional forms of payment provided by the Plan have relatively the same value as the normal form of payment under our Plan. 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.

If you would like a more individualized comparison, upon your written request, you will be provided with the relative values, 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. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to

Fund Manager – 751 Pension Fund 1430 Broadway, 8<sup>th</sup> Floor New York, N.Y. 10018 Tel: 212-302-7300.

#### 7. WITHHOLDING FEDERAL INCOME TAX FROM YOUR BENEFIT

| Α | DO NOT withhold Federal income tax from my pension benefits.   |
|---|--|
| B | Please withhold Federal income tax from my pension benefit.  If you have checked this portion, you must complete a W-4P form |

#### 8. SUSPENSION FOR WORK AFTER RETIREMENT

I understand that if I engage in "Disqualifying Employment", (as defined in Section 13.1 of the Plan and page 26 of the Summary Plan Description) after my pension commences. I will be subject to the Suspension of Benefits rules set forth in Section 13 of the Plan. I am specifically aware of and will comply with those rules, which provide as follows: If I work in Disqualifying Employment after I commence my Pension, but before age 65, I will be suspended for each month of such work, and for an additional 6 months if I fail to notify the Trustees in advance of such employment; on and after age 65 my monthly pension payments will be suspended if I work 8 or more days in "disqualifying employment" in any given month. Disqualifying employment is generally any employment in the theatrical, entertainment or amusement industry within the geographic area covered under the Plan as a treasurer, assistant treasurer, or ticket seller, or an employee of the union, or any other position for which you received contributions to the Plan. The Suspension of Benefit rules also provide that my pension will not be suspended after the calendar year in which I reach 70 1/2, regardless of the number of hours I may work in disqualifying employment.

#### 9. RETIREMENT STATEMENT

I declare that

- I have ceased working in employment requiring contributions to the Plan (or am about to cease work on the date indicated in Section 4 on page 1, above);
- If I am younger than 62 I have ceased working in any capacity for any employer contributing to the Plan (or am about to cease work on the date indicated in Section 4, on page 1, above)
- I will be bound by the Rules and Regulations of the Local 751 Pension Plan; and

All of the above statements made in this Application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and

• That I will personally endorse each pension check or have it electronically deposited to an account designated by me.

|       | that the Trustees shall have the righ false statement. | it to recover any payment | ts made to me beca |
|-------|--|---------------------------|--------------------|
|       | Applicant Signature                                    |                           | Date               |
|       |  |                           |                    |
| Verif | ication of receipt by the Fund Office:                 |                           |                    |
|       | NAME   | SIGNATURE                 |                    |
|       | DATE   |                           |                    |

## PROOF OF BIRTH INSTRUCTIONS FOR APPLICANT

To be eligible for Treasurers & Ticket Sellers Local 751 Pension Fund benefits, you are required to provide proof of your age. The following is a list of documents which are acceptable as proof of your date of birth. Some of these documents are better proof than others. This list is arranged starting with the best type of proof.

You are required to furnish the best type of proof that is available. It is recognized, of course, that in rare cases a birth certificate will not be available, particularly for those born outside the United States. In that case, you must secure the next best type of proof on the list below. If you are unable to provide a birth certificate you will need to provide an explanation as to why such document is not available. Additional proof of your birth may be required if the document which you submit is not sufficient, or is not legible. Photocopies of your proof are acceptable, but they must be certified. If you cannot provide one of the forms of proof listed below, you will need to explain why and provide other evidence satisfactory to the Trustees of your date of birth.

If you are applying for a Joint and Surviving Spouse Pension, you must also provide proof of your spouse's date of birth.

#### **ACCEPTABLE FORMS OF PROOF OF BIRTH**

- 1. Birth Certificate.
- 2. A Baptismal certificate or statement as to the date of birth shown by a church record or certified by the custodian of such record.
- 3. Proof of registration of birth in a public registry of vital statistics.
- 4. Hospital Birth Record certified by the custodian of such records.
- 5. Naturalization record.
- 6. Immigration Papers.
- 7. Military Record.
- 8. Passport.
- Marriage certificate or copy of marriage records or showing date of birth, certified by the custodian of records

#### NOT ACCEPTABLE AS FORMS OF PROOF OF BIRTH

- X Drivers License
- X Social Security Card

# TREASURERS AND TICKET SELLERS LOCAL 751 PENSION FUND 1430 BROADWAY, 8<sup>th</sup> Floor NEW YORK, NY 10018

### **AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFIT**

I authorize the LOCAL 751 PENSION FUND and the bank indicated below to deposit my Pension check automatically to my account each month. If monies to which I am not entitled are deposited in my account, I authorize the LOCAL 751 PENSION FUND to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

| NAME:                    |            |
|--------------------------|------------|
| (PRINT)                  |            |
|                          |            |
| ADDRESS:                 |            |
|                          |            |
|                          |            |
| SS#:                     |            |
|                          |            |
|                          |            |
| BANK NAME:               |            |
| DANK ADDDECC.            |            |
| BANK ADDRESS:            |            |
|                          |            |
|                          |            |
| ACCOUNT #:               |            |
| BANK ABA (ROUTING) #:    |            |
| DAINK ADA (KOUTINO) #    |            |
| ***PLEASE ATTACH A VOIDE | D CHECK*** |
|                          | <u> </u>   |
|                          |            |
|                          |            |
| SIGNATURE                | DATE       |
|                          |            |



Department of the Treasury Internal Revenue Service

#### Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2020

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. 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 may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be 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 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

#### **General Instructions**

Your signature ▶

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form,* 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.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning. 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. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App 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 to be 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 designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

Date ▶

Form W-4P (2020)

| Separate   | here and give Form W-4   | P to the payer of your pension or annuity. Keep the workshee | et(s) for you   | r records.        |
|--|--------------------------|--|---|-------------------|
| W-4P   |                          | Withholding Certificate for                                  |   | OMB No. 1545-0074 |
| Form   |                          | Pension or Annuity Payments                                  |   | 20 <b>20</b>      |
| Department of the Treasury<br>Internal Revenue Service | ► For Priv               | acy Act and Paperwork Reduction Act Notice, see page 6.      |   | Z020              |
| Your first name and mide                               | dle initial              | Last name  | Your socia  | l 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 2                             | ZIP code                 |  | aranan, so  |                   |
| Complete the following                                 | ing applicable lines.    |  |   |                   |
| <ol> <li>Check here if you</li> </ol>                  | do not want any fede     | eral income tax withheld from your pension or annuity. (D    | on't comple   | ete line 2 or 3.) |
| 2 Total number of al                                   | lowances and marital s   | status you're claiming for withholding from each periodic    | pension or  | annuity           |
|  |                          | ditional dollar amount on line 3.)                           |   | (Enter number     |
| Marital status:  | _  Single                | Married, but withhold at higher Single rate.                 |   | of allowances     |
| 3 Additional amount,                                   | , if any, you want withh | eld from each pension or annuity payment. (Note: For perio   | odic payme  | nts,              |
| you can't enter an                                     | amount here without e    | ntering the number (including zero) of allowances on line 2. | ) *   | . • •             |
|  |                          |  |   |                   |

Cat. No. 10225T

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 below.

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 using certain withholding tables that are also used to figure 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. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't 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 To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,095 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're 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 can't use Form W-4P because they're 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 tax-exempt organizations' deferred compensation plans 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 the taxable amount of nonperiodic payments (but see Eligible rollover distribution – 20% withholding below) 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. However, see Payments to Foreign Persons and Payments To Be Delivered Outside the United States on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't 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 doesn't contain your correct SSN, the payer can't 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) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't 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 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

#### 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 2020 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a 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 the Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box 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 are generally 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 and Reporting, 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 February 1 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're 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.

#### **Specific Instructions**

#### **Personal Allowances Worksheet**

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at www.irs.gov/W4App. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

## Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at www.irs.gov/W4App to figure your withholding more precisely.

|   | Personal Allowances Worksheet (Keep for your records.)                             |  |             |  |  |
|---|--|--|-------------|--|--|
| B | Enter "1" if you<br>Enter "1" if you<br>Child tax credi<br>• If your total inc     | will file as married filing jointly  | A<br>B<br>C |  |  |
|   | <ul> <li>If your total ineach eligible ch</li> <li>If your total ineach</li> </ul> | come will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for ild.  | D           |  |  |
| E | If your total independent.  If your total income.                                  | r dependents. See Pub. 972 for more information.  come will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible  come will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for  indents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if  |             |  |  |
|   | If your total in   | come will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-"  | E           |  |  |
| F | Other credits.   | If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and not from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter and E  | F           |  |  |
| G | Add lines A thro   | bugh F and enter the total here  | G           |  |  |
|   | For accuracy, complete all worksheets that apply.                                  | <ul> <li>If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet on page 5.</li> <li>If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.</li> <li>If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P above.</li> </ul> |             |  |  |

| orm | W-4P (2020)  |       | Page •         |  |  |  |
|-----|--|-------|----------------|--|--|--|
|     | Deductions, Adjustments, and Additional Income Worksheet   |       |                |  |  |  |
|     | te: Use this worksheet <i>only</i> if you plan to itemize deductions, claim certain adjustments to income, or have<br>ner income not subject to withholding.   | a lar | ge amount of   |  |  |  |
| 1   | Enter an estimate of your 2020 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1     | \$             |  |  |  |
| 2   | Enter:   \$18,650 if you're head of household \$12,400 if you're single or married filing separately   | 2     | \$             |  |  |  |
| 3   | Subtract line 2 from line 1. If zero or less, enter "-0-"  | 3     | \$             |  |  |  |
|     | Enter an estimate of your 2020 adjustments to income, qualified business income deduction, and any   |       |                |  |  |  |
|     | additional standard deduction for age or blindness. See Pub. 505 for information about these items .   | 4     | \$             |  |  |  |
| 5   | Add lines 3 and 4 and enter the total  | 5     | \$             |  |  |  |
| 6   |  | 6     | \$             |  |  |  |
|     | capital gains)   | 7     | Φ              |  |  |  |
| 7   | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses  | - 1   | Φ              |  |  |  |
| 8   |  | 8     |                |  |  |  |
|     | parentheses. Drop any fraction   | 9     |                |  |  |  |
| 9   |  | 9     | <del></del> /. |  |  |  |
| 10  | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Multiple  |       |                |  |  |  |
|     | Pensions/More-Than-One-Income Worksheet, also enter this total on line 1 below. Otherwise, stop  | 10    |                |  |  |  |
|     | here and enter this total on Form W-4P, line 2, on page 1  | 10    |                |  |  |  |

|  | Multiple Pensions/More-Than-One-Income Worksheet  |             |          |  |  |  |  |  |
|--|---|-------------|----------|--|--|--|--|--|
| <b>Note:</b> Use this worksheet <i>only</i> if the instructions under line G from the <b>Personal Allowances Worksheet</b> 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 the <b>Personal Allowances Worksheet</b> , line G, on page 4 (or from line 10 above if you used the <b>Deductions, Adjustments, and Additional Income Worksheet</b> )   | 1           |          |  |  |  |  |  |
|  | Find the number in <b>Table 1</b> on page 6 that applies to the <b>LOWEST</b> paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" | 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, on page 1. <b>Do not</b> use the rest of this worksheet  | 3           |          |  |  |  |  |  |
| <b>No</b><br>bel   | te: If line 1 is less than line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 ow to figure the additional withholding amount necessary to avoid a year-end tax bill.   |             |          |  |  |  |  |  |
| 5<br>6<br>7  | Enter the number from line 2 of this worksheet  | 6<br>7<br>8 | \$<br>\$ |  |  |  |  |  |

Table 1

| Married Filing Jointly      |                       | All Others                                      |                       |  |
|-----------------------------|-----------------------|---|-----------------------|--|
| If wages from LOWEST paying | Enter on line 2 above | If wages from LOWEST paying job or pension are— | Enter on line 2 above |  |
| job or pension are—         |                       | \$0 - \$799                                     | 0                     |  |
| \$0 - \$799                 | 0                     | 800 - 5,100                                     | 1                     |  |
| 800 - 5,100                 | 1                     | 5,101 - 9,400                                   | 2                     |  |
| 5,101 - 9,400               | 2                     | 9,401 - 13,700                                  | 3                     |  |
| 9,401 - 13,700              | 3                     | 13.701 - 22.000                                 | 4                     |  |
| 13,701 - 18,000             | 4                     | 22,001 - 27,500                                 | 5                     |  |
| 18,001 - 22,300             | 5                     |   | 6                     |  |
| 22,301 - 26,600             | 6                     | 27,501 - 32,000<br>32,001 - 40,000              | 7                     |  |
| 26,601 - 35,000             | 7                     | 1   | 8                     |  |
| 35,001 - 40,000             | 8                     | 40,001 - 60,000                                 | 9                     |  |
| 40,001 - 46,000             | 9                     | 60,001 - 75,000                                 | 10                    |  |
| 46,001 - 55,000             | 10                    | 75,001 - 85,000                                 |                       |  |
| 55,001 - 60,000             | 11                    | 85,001 - 95,000                                 | 11                    |  |
| 60,001 - 70,000             | 12                    | 95,001 - 100,000                                | 12                    |  |
| 70,001 - 75,000             | 13                    | 100,001 - 110,000                               | 13                    |  |
| 75,001 - 85,000             | 14                    | 110,001 - 115,000                               | 14                    |  |
| 85,001 - 95,000             | 15                    | 115,001 - 125,000                               | 15                    |  |
| 95,001 - 125,000            | 16                    | 125,001 - 135,000                               | 16                    |  |
| 125,001 - 155,000           | 17                    | 135,001 - 145,000                               | 17                    |  |
| 155,001 - 165,000           | 18                    | 145,001 - 160,000                               | 18                    |  |
| 165,001 - 175,000           | 19                    | 160,001 - 180,000                               | 19                    |  |
| 175,001 - 180,000           | 20                    | 180,001 and over                                | 20                    |  |
| 180,001 - 195,000           | 21                    |   |                       |  |
| 195,001 - 205,000           | 22                    |   |                       |  |
| 205,001 and over            | 23                    |   |                       |  |

Table 2

| Married Filing Jointly                                  |                       | All Others  |                       |  |
|---|-----------------------|---|-----------------------|--|
| If wages from <b>HIGHEST</b> paying job or pension are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job or pension are— | Enter on line 7 above |  |
| \$0 - \$25.350  | \$430                 | \$0 - \$7,375   | \$430                 |  |
| 25,351 - 85,850   | 520                   | 7,376 - 37,625  | 520                   |  |
| 85,851 - 176,650  | 950                   | 37,626 - 83,025   | 950                   |  |
| 176,651 - 332,200                                       | 1,030                 | 83,026 - 160,800  | 1,030                 |  |
| 332,201 - 420,300                                       | 1,380                 | 160,801 - 204,850                                       | 1,380                 |  |
| 420,301 - 627,650                                       | 1,510                 | 204,851 - 515,900                                       | 1,510                 |  |
| 627,651 and over  | 1,590                 | 515,901 and over  | 1,590                 |  |

## 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.