

**IBEW LOCAL 595 MONEY PURCHASE PENSION PLAN**

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**CALIFORNIA INCOME TAX WITHHOLDING ELECTION**

**Please Elect One:** ☐ ☒:

- ☐ Please withhold California income tax from my distribution at the rate of 10% of the amount withheld in Federal Income Tax.
- ☐ Please withhold 10% of the amount withheld in Federal Income Tax plus an additional \$\_\_\_\_\_ from my distribution
- ☐ Please DO NOT withhold any California income tax from my distribution.

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I expressly assume responsibility for any adverse consequences which may arise from the election(s), and I agree that the Plan shall in no way be responsible or liable for any tax, legal or other consequences of the election I have made on this form.

**Social Security Number:** \_\_\_\_\_ **Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Participant's Signature:** \_\_\_\_\_