

EIGHTH DISTRICT ELECTRICAL PENSION FUND
STATE INCOME WITHHOLDING FORM

STATE INCOME TAX WITHHOLDING

The Plan will use your address on record to determine state withholding requirements. State tax will be withheld according to your state's guidelines. If you reside in a state which gives you the option not to withhold, please indicate below whether you want state income taxes withheld.

Do not withhold state income tax from my distributions.

Withhold State Taxes as follows:

Withhold fixed amount of \$_____ per month.

Withhold from tax table: Single Married

(Enter No. Allowances)

Participants Name (Printed)

Spouse's Social Security Number

Participants Signature

Date