

FEDERAL ELECTION FORM

Complete Part I or Part II. **DO NOT COMPLETE BOTH PARTS.**

PART I. Complete Part I only if you want to have federal income taxes withheld from your pension payments.

YES, I want to have federal income taxes withheld from my pension.

Single Married Number of allowances _____

Additional amount, if any, you want deducted from each payment \$ _____

You can claim the following allowances:

- 1 for yourself;
- 1 for your spouse if you are married;
- 1 for each additional dependent you will claim on your federal income tax return.

Other allowances may also be claimed; allowances may be higher if you or your spouse are over age 65 or are blind, or if you itemize deductions. The IRS or your own tax adviser can give you a worksheet to help you figure your withholding allowances.

Signature of Pensioner or Survivor PRINT NAME HERE Date

Local Reg. No. Social Security Number ()
Telephone Number (optional)

*** PART II FOR EXEMPT PURPOSES ONLY ***

PART II. Complete Part II only if you do not want to have federal income taxes withheld from your pension payments. Do not complete Part II if you are a U.S. citizen receiving your pension payments outside the United States.

I elect not to have federal income taxes withheld from my pension. I understand that I can revoke this election at any time.

If you elect not to have tax withheld, you should be aware that your pension benefits are taxable income. You may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Signature of Pensioner or Survivor PRINT NAME HERE Date

Local Reg. No. Social Security Number ()
Telephone Number (optional)

California Residents - If you want to have California tax withholding as well, you must also complete an Election Form for the State of California.

**RETURN FORM TO: ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 300
San Francisco, CA 94109**