

**STATE OF CALIFORNIA ELECTION FORM**

**PART I. Complete Section A or Section B. Do not complete both Sections.**

A. I want my withholding from each pension payment to be figured using the marital status and number of withholding allowances shown below:

Single  Married  Unmarried Head of Household    Number of allowances \_\_\_\_\_  
[BLANK FIELD = ZERO (0) ALLOWANCES]

Additional amount (if any) I want deducted from each payment: \$ \_\_\_\_\_

**OR**

B. I want this fixed amount withheld from each pension payment: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Pensioner or Survivor

\_\_\_\_\_  
Local/Reg.No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME HERE

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (optional)

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

**PART II.** Complete Part II only if you do not want to have California Personal Income Taxes withheld from your pension payments.

I elect not to have California income tax 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

\_\_\_\_\_  
Local/Reg.No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME HERE

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (optional)

**RETURN FORM TO:**

**ILWU-PMA Benefit Plans  
1188 Franklin Street, Suite 101  
San Francisco, CA 94109**

**Fax: (415) 749-1321  
Email: [pension@benefitplans.org](mailto:pension@benefitplans.org)**