Pension Fund
of Local No. One, I.A.T.S.E.

320 West 46th Street, 6th Floor • New York, NY 10036 • Tel (212)247-5225 • Fax (212)247-5227 • www.fundoneiatse.com

APPLICATION FOR PENSION BENEFIT

PART 1 – Participant Information / Marital Status

Name of Participant _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Date last worked _____ Name of Employer _____

(Submit Copy of Birth Certificate)

Marital Status (Check one): ☐ Single ☐ Married

If you are married, your spouse will be your joint annuitant unless you elect otherwise and you submit the enclosed Spousal Consent form with your application.

Name of Spouse _____ Social Security No. _____

Date of Marriage _____ Spouse's Date of Birth _____

I agree to immediately inform the Fund Office of any change in my employment or marital status.

PART 2 – Pension Benefit Election

I am eligible to retire and I hereby elect the following pension starting as of the first day of _____, 20____ (Check type of Pension)

☐ 1. **Normal Pension -** I am age 65 or older and have at least 20 years of Past and Future Service Credit or at least 10 years of Future Service Credit.

☐ 2. **Early Retirement Pension** - I have attained age 60 but have not yet attained age 65, and have at least 20 years of Past and Future Service Credit or at least 10 years of Future Service Credit.

☐ 3. **Thirty-Year Service Pension** – I have attained age 55 but have not yet attained age 60, and have at least 30 years of Future Service Credit.

☐ 4. **Vested Pension** - I am age 65 or older and have at least 5 years of Vesting Credit and an Hour of Service under the Plan after December 31, 1998 (or December 31, 1988 if I am a Non-Bargained Employee) or I have 10 years of Vesting Credit.

☐ 5. **Disability Pension** - I am totally and permanently disabled and have not attained age 65. I have at least 10 years of Pension Credit, one year of which I earned in the last two calendar years immediately prior to the onset of my disability. (To be considered totally and permanently disabled, your disability must have lasted for at least five months and be expected to continue for at least seven additional months.)

Complete the following if Disability Pension (option 5) is elected, otherwise skip to Part 3.

I have applied for a Social Security Pension ☐ Yes ☐ No

Complete the following if you answered "yes":

Date applied

Disposition of Social Security application (check one of the following):

- ☐ I have not received a decision on my application.
- ☐ My application has been rejected.
- ☐ My application has been approved.
  (Submit Certificate of Social Security Disability Insurance Award)

PART 3 – Election of Benefit Payment Form

Before completing this section, please read carefully the "Information on Benefit Payment Options" included with these application materials.

Please check one of the following:

- ☐ I am not married
- ☐ I am married and I want my spouse listed below to be my joint annuitant (Submit Copy of Marriage Certificate)
- ☐ I am married and I want the person listed below who is not my spouse to be my beneficiary or joint annuitant

I have read the Information on Benefit Payment Options, and I elect to have my pension benefits paid in the following manner:

- ☐ 120-Month Benefit Guarantee
- ☐ 50% Joint and Survivor Pension
- ☐ 75% Joint and Survivor Pension
- ☐ 100% Joint and Survivor Pension

If you are married and elect a form of payment other than one of the Joint and Survivor Pensions with your spouse as joint annuitant, your spouse must sign the enclosed Spousal Consent form (Part 8) and it must be submitted with your application.

PART 4 – Joint and Survivor Annuitant Designation

Name of Joint Annuitant Social Security No.

Address

Birth Date Relationship

Name of Joint Annuitant Social Security No.

Address

Birth Date Relationship

Please note that if you name two joint annuitants, payments to the joint annuitants will stop upon the death of the oldest joint annuitant, and no further benefits will be paid unless the younger joint annuitant is entitled to any remainder of the 120 Guaranteed Monthly Payments.

PART 5 – Beneficiary Designation for Remainder of 120 Monthly Payments

I hereby designate the person(s) named below as my beneficiary(ies) to receive any guaranteed payments that may be due if I or my designated joint annuitant and I (if payments are being made as a Joint and Survivor Pension) die before receiving a total of 120 monthly payments.

Name of Primary Beneficiary(ies)	Social Security Number	% Share	Address	Relationship

0 %

Unless noted otherwise noted, the above beneficiaries who are alive at the time any payments are due will share equally in any such payments.

In the event that all of my beneficiary(ies) designated above are not living at the time payments would be due, I hereby designate the person(s) named below as my contingent beneficiary(ies).

Name of Contingent Beneficiary(ies)	Social Security Number	% Share	Address	Relationship

0 %

PART 6 – Certification

If you are married and have elected any form of benefit payment other than a Joint and Survivor Pension with your spouse as joint annuitant, you must also complete Part 7, and your spouse must complete Part 8.

1. I hereby certify and swear under penalty of perjury: (1) that I will notify the Fund Office of any change in my employment status including employment and/or self-employment in the theatrical, television or amusement industry; (2) that all statements and information provided by me in connection with this form are true, and (3) that if I am married and waived the Joint and Survivor Pension or named someone other than my spouse as joint annuitant, the person consenting to such waiver by completing the Spousal Consent is my legal spouse.

2. I understand my pension will be paid as a 50% Joint and Survivor Pension (with my spouse as joint annuitant if I am married) unless I affirmatively elect otherwise. If the present value of my pension benefit does not, however, exceed $5,000, my distribution will be paid in a single lump sum.

3. **NOTE: If you file this election more than 180 days before the date your benefit is to begin, this form must be re-filed at least 30 but not more that 180 days before the date your benefit is to begin.**

I hereby revoke any prior election made by me with respect to my benefits under the Plan.

Participant's
Signature: _____ Date: _____

Print Name:

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR AUTHORIZED FUND REPRESENTATIVE

STATE OF _____
:SS.
COUNTY OF_____

On the _____day of _____, 20___, before me came _____, to me known to be the person whose name is first inscribed above and who executed the foregoing, and acknowledged that ___he executed the same of h___ own volition.

WITNESS my hand the day and year aforesaid.

_____
Notary Public or Authorized Fund Representative

If you are single, or if you are married and elected a Joint and Survivor Pension with your spouse as joint annuitant, you do not need to complete Parts 7 and 8 of this form.

PART 7 – Participant's Waiver of Qualified Joint and Survivor Pension with Spouse as Joint Annuitant

I acknowledge that I have read and understood the Information on Benefit Payment Options, and I have received any additional information I have requested regarding the forms of benefit payment available and the financial effect on me and my spouse of electing a form of payment other than a Joint and Survivor Pension with my spouse as joint annuitant. I believe I have received sufficient information to permit me to make my election.

I hereby decline to receive my benefits under the plan in the form of a Joint and Survivor Pension with my spouse as joint annuitant. I understand that I may revoke this election at any time prior to the date on which benefits are first paid to me under the Plan.

My spouse has consented in writing, by completing the attached Spousal Consent, to: (i) my election to decline the Joint and Survivor Pension with herself or himself as joint annuitant, (ii) my selection of the benefit option elected in Part 3 of my pension application, and (iii) the joint annuitant or beneficiary of any guaranteed benefits that may be payable following my death or the death of my joint annuitant.

If you are legally separated or cannot locate your spouse, check whichever is applicable and attach the appropriate proof:

My spouse and I are legally separated (Submit a copy of the Separation Agreement)

I cannot locate my spouse (Submit Affidavit of Inability to Locate a Missing Spouse)

Participant's
Signature: _____ Date: _____

Print Name:

PART 8 – Spousal Consent to Waiver of Qualified Joint and Survivor Pension with Spouse as Joint Annuitant

I, _____, hereby swear under penalty of perjury that I am the lawful spouse of _____ (the participant identified on page 1), whose social security number is .

I acknowledge that I have read and understood the Information on Benefit Payment Options, and I have received any additional information I have requested regarding the forms of benefit payment available and the financial effect of my spouse electing a form of payment other than a Joint and Survivor Pension with me as joint annuitant.

I understand that I have the right to have the Pension Fund of Local No. One, I.A.T.S.E. pay my spouse's pension in the form of a Joint and Survivor Pension, which would pay monthly benefits to me for my life after my spouse dies, and I agree to give up that right.

I hereby consent to: (i) the election by my spouse to reject the Joint and Survivor Pension with me as joint annuitant, (ii) the election by my spouse to the specific benefit option elected in Part 3 of the pension application, (iii) the specific joint annuitant named by my spouse in Part 4 (if any), and (iv) the beneficiary or beneficiaries named by spouse in Part 5 to receive any guaranteed benefit payable on the death of my spouse (and my spouse's joint annuitant, if any).

I understand that I may not revoke my consent to these choices, and but for my consent to the choices, should my spouse die during my lifetime, I would be entitled to receive a surviving spouse's benefit commencing upon my spouse's death, continuing thereafter for the remainder of my life. I understand fully the consequences of this action on my part, and the loss of benefits that I may experience if I survive my spouse. In addition, I understand that if I do not sign this consent, then my spouse and I will receive payments from the Fund in the form of a Joint and Survivor Pension.

I understand that I do not have to sign this consent and my action as set forth herein is voluntary and freely taken on my part. I have participated in my spouse's decision to decline coverage under the Joint and Survivor Pension form of benefit.

Spouse's Signature _____ Date: _____

Print Spouse's Name _____

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR AUTHORIZED FUND REPRESENTATIVE

STATE OF _____

:SS.

COUNTY OF _____

On the _____ day of _____, 20___, before me came _____, to me known to be the person whose name is first inscribed above and who executed the foregoing, and acknowledged that ___ he executed the same of h___ own volition.

WITNESS my hand the day and year aforesaid.

_____

Notary Public or Authorized Fund Representative

Pension Fund
of Local No. One, I.A.T.S.E.

320 West 46th Street, 6th Floor ● New York, NY 10036 ● Tel (212)247-5225 ● Fax(212)247-5227 **● www.fundoneiatse.com**

INFORMATION ON BENEFIT PAYMENT OPTIONS

The Pension Fund of Local No. One, I.A.T.S.E. (the "Plan") requires that payment be provided to you in an annuity form (the "Normal Form") unless you make a valid election for another form of benefit (an "Optional Form").

I. Explanation of Benefit Options

Normal Form of Payment

Married Participants

If you are married, the Normal Form in which benefits will be paid is the **50% Joint and Survivor Pension**, unless you waive this form of payment. Under this form of benefit, you will receive monthly payments for your life and, upon your death, your spouse will continue to receive monthly payments for his or her life equal to 50% of the monthly amount you received. Your monthly payment will be reduced since payments will be made over two lifetimes - yours and your spouse's. If you and your spouse die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary.

If your spouse predeceases you, your monthly benefit will be increased to the amount under the 120-Month Guarantee (described below).

If, before your annuity starting date, you and your spouse divorce or your spouse dies, payments will automatically be made under the **120-Month Benefit Guarantee**, unless you choose an optional form of payment (as described below). However, once payments start, you cannot change the form or amount of your payments.

Single Participants

If you are not married on your annuity starting date, the Normal Form in which benefits will be paid is the **120-Month Benefit Guarantee**. This monthly benefit will be paid for the remainder of your life, except if you die before 120 monthly payments have been made, payments will continue to be made to the beneficiary or beneficiaries you designate until 120 payments have been made to both you and your beneficiary or beneficiaries. In the event that your beneficiary or beneficiaries die(s) before the full 120 month payments have been paid, the remaining monthly payments will be made to the contingent beneficiary or beneficiaries for the remainder of the guaranteed period.

Optional Forms of Payment for Married and Unmarried Participants

In lieu of the Normal Forms of payment outlined above, you may choose one of the following Optional Forms of Payment.

120-Month Benefit Guarantee –This is the normal form of benefit for unmarried participants, and is an option for married participants. This form of payment is an annuity payable monthly for your life. However, if you die before 120 monthly payments have been made, payments will continue to be made to the beneficiary or beneficiaries you designate until 120 payments have been made to both you and your beneficiary or beneficiaries. In the event that your beneficiary or beneficiaries die(s) before the full 120 month payments have been paid, the remaining monthly payments will be made to the contingent beneficiary or beneficiaries for the remainder of the guaranteed period. Your spouse must consent, in writing, to your designated beneficiary.

50% Joint and Survivor Pop-Up Pension – an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your designated beneficiary. Upon your death, your designated beneficiary will continue to receive monthly payments for his or her life equal to 50% of the monthly amount you received. Your monthly payment will be reduced since payments will be made over two lifetimes - yours and your designated beneficiary's. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee (described above). If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

75% Joint and Survivor Pop-Up Pension* – an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your spouse or designated beneficiary. When you die, your spouse or designated beneficiary will receive a monthly benefit for his/her lifetime equal to 75% of the amount payable during your lifetime. Your monthly payment will be reduced as a result of payments made to both you and your spouse or beneficiary during your respective lifetimes. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee. If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

**Depending on your designated beneficiary's age, you may not be eligible to elect this Optional Form. Please call the Fund Office to determine your eligibility for this Optional Form.*

100% Joint and Survivor Pop-Up Pension* - an annuity payable monthly for your life, reduced to reflect the cost of providing a survivor benefit to your spouse or designated beneficiary. When you die, your spouse or designated beneficiary will receive a monthly benefit for his/her lifetime equal to 100% of the amount payable during your lifetime. Your monthly payment will be reduced as a result of payments made to both you and your spouse or beneficiary during your respective lifetimes. If you and your spouse or beneficiary die before 120 payments are made, the balance of the 120 payments will be paid to your contingent beneficiary. If your spouse or designated beneficiary predeceases you, your monthly benefit will increase to the 120-Month Benefit Guarantee. If you are married and designate someone other than your spouse as your beneficiary, your spouse must consent, in writing, to such designation.

**Depending on your designated beneficiary's age, you may not be eligible to elect this Optional Form. Please call the Fund Office to determine your eligibility for this Optional Form.*

II. Financial Effect of Benefit Options

In order to enable you to understand how much is payable to you under each form of benefit available to you, the Plan is required to provide you with a description of the financial effect of electing each form of benefit available under the Plan. You will find this description in the form of a chart which is attached to this document as "**Exhibit A**". Please note that for purposes of providing this financial effect description, the Plan used reasonable estimates, such as an assumption that your spouse or designated beneficiary is 3 years younger than you.

Upon your request, the Plan will provide a more precise calculation that takes into account your actual benefit and your, and your spouse's, if any, actual age. Please contact the Fund Office at 212-247-5225 if you would like a more precise calculation specific to your benefit entitlement.

III. Financial Effect of Deferring Commencement of Benefit Payments

If you are applying for an Early Retirement Pension, the benefit amount above has been reduced by 2/9 of 1% for each month that you are younger than age 65 on the pension effective date you have chosen. If you defer payment until you reach age 65, your benefit amount will not be reduced. Please refer to page 5 of your summary plan description for an explanation of the determination of the amount of the Early Retirement Pension.

If you decide to delay receiving a pension until you are older than age 65, your monthly benefit will be increased so that it is the actuarial equivalent of the benefit to which you would have been entitled at age 65, provided you are not working in disqualifying employment. If you are working in disqualifying employment, your benefits will be suspended, but you may accrue additional benefits while you are working. In either event, you must begin receiving your pension by the later of (1) April 1 of the calendar year following the year you reach age 70 ½, or (2) the date you retire. Please refer to page 8 of your summary plan description for an explanation of this increase and to
page 9 for an explanation of disqualifying employment.

If you have any questions about your pension benefit or the forms of payment, please contact the Fund Office.

IV. Relative Value Disclosure

IRS regulations require plans, such as ours, to give retiring participants a comparison of the relative values of the benefit payment options generally available under the Plan. The goal is to help individuals make informed choices about the forms in which they may choose to receive their retirement benefits. By providing participants with the relative economic value of the optional forms of benefits, participants can make a meaningful comparison as to the value of the benefits in comparison to each other.

What Is Relative Value and What Are The Relative Values Under Our Plan?

The “relative value” of the forms of benefit is an expression of the actuarial value of each optional form of benefit as compared to the 50% Joint and Survivor Annuity.

In general, all of the forms of payment available under our Plan have approximately the same actuarial present value as the 50% Joint and Survivor Annuity, even though the benefits are paid in different manners. This is true for participants retiring between ages 55 and 65 with a spouse up to 5 years younger or older and for disabled participants retiring between ages 40 and 60 with a spouse up to 5 years younger or older.

How Was This Determined?

To determine the relative value, the Plan’s actuaries converted the value of each form of benefit offered by the Plan to a common form and then compared them. The actuarial values of benefits were determined using the following actuarial assumptions:

- Mortality assumptions about the average life expectancy of the Plan participants. Mortality assumptions 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.
- 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.

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 50% Joint and Survivor Annuity option 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 amount you ultimately receive under a payment option will depend on your and your spouse's (if any) or designated beneficiary's actual longevity.

Upon your written request, you will be provided with the relative values, based on your own age (and, if appropriate, your spouse's actual age) and estimated benefits, between the 50% Joint and Survivor Annuity and on any other forms of payment that you are eligible for. If requested, we will also provide you with the details of the actuarial assumptions used to make the comparison for this notice. 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:

Mariann Zappalla
Supervisor Annuity/Pension
Fund Office Local No. One I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, New York, 10036

Pension Fund
of Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

RETIREMENT DECLARATION

Participant Name _____ **Social Security Number** _____

DECLARATION

In retiring on a pension from the Pension Fund of Local No. One, I.A.T.S.E., I declare that I will be bound by all the Rules and Regulations of the Pension Plan. I will personally endorse each pension check, or if checks are deposited directly to my bank account, then such deposit and withdrawal will have the same effect as my personal endorsement.

NOTICE OF RETURN TO WORK REQUIRED

I understand that if I resume work in the jurisdiction of Local No. One, I.A.T.S.E., I must notify the Fund Office in writing within 15 days, registered or certified mail, after I resume such work.

DISABILITY RETIREMENT

I acknowledge that if I am a Disability Retiree under age 65, my pension will be suspended if I engage in any work within the jurisdiction of Local No. One, IATSE, except as provided in the Plan document.

BEFORE AGE 60

I acknowledge that if I return to work within the jurisdiction of Local No. One, I.A.T.S.E. and have not attained age 60, my pension will be suspended for any month in which I engage in any such work plus an additional 6 or 12 months.

AGE 60 TO 64 AND 11 MONTHS

I acknowledge that if I return to work within the jurisdiction of Local No. One, I.A.T.S.E. and have attained age 60 but not yet age 65, my pension will be suspended for any month in which I engage in any such work for 5 or more days or shifts plus an additional 6 or 12 months.

AFTER AGE 65

I acknowledge that if I return to work after attaining age 65, my pension will be suspended for any month in which I work in the jurisdiction of Local No. One, I.A.T.S.E. for eight or more days or shifts.

In all cases, I agree to report to the Pension Fund of Local No. One, I.A.T.S.E. the days and shifts I work while retired and receiving a pension benefit, such reporting to be on a form prescribed by the Pension Fund.

Participant Signature _____ **Date** _____

Pension Fund of
Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

RETIREE WELFARE FUND MEDICAL COVERAGE

The Local One Welfare Fund will continue to provide medical coverage for retirees on a self-pay premium basis. As of July 1, 2021 to December 31, 2021, the self-pay premium rates for retirees are as follows:

	Class	Retiree Only	Retiree Plus 1	Retiree Family
Recovery Tier	Under Age 60	$161.00	$293.00	$424.00
	Age 60 through 64	$91.00	$177.00	$247.00
Medicare	Age 65/Disability	$25.00	$50.00	$75.00

If you are under 65 years of age when you retire, the Welfare Fund will continue as your health care insurer for yourself and your eligible dependents.

If you will be 65 years of age or over at the time of your retirement, you will need to have Medicare Part A and Part B in place. You will be covered under the Aetna Medicare Advantage Plan which includes Hospital, Major Medical and Prescription Drugs.

YOU MUST APPLY FOR PART B MEDICARE 3 MONTHS BEFORE YOU TURN 65 YEARS OF AGE.
If you do not sign up during this Initial Enrollment Period (3 months before you are 65) the start of your Medicare Advantage coverage will be delayed.

All health benefits for you and an eligible spouse will remain in place providing you enroll for these health benefits at the time of your retirement. Failure to enroll will result in losing your AETNA Medicare Advantage coverage.

If you require any additional information or have questions, please contact the Fund Office at 212-247-5225 or 800-974-2873.

I have read, and understand the above information and explanations and choose the following option:

- ○ Effective _____ , please deduct _____ per month from my monthly Pension Benefit in order to maintain health **coverage for myself** in the Welfare Fund of Local No. One, IATSE.

- ○ Effective _____ , please deduct _____ per month from my monthly Pension Benefit in order to maintain health **coverage for myself and 1 eligible family member** in the Welfare Fund of Local No. One, IATSE.

- ○ Effective _____ , please deduct _____ per month from my monthly Pension Benefit in order to maintain health **coverage for myself and 2 or more eligible family members** in the Welfare Fund of Local No. One, IATSE.

- ○ I decline medical coverage.

I have been personally advised and understand that if I retire before reaching my 65th birthday, AETNA HealthCare will continue as my primary healthcare insurer.

If I choose to retire at 65 years of age, I understand that just prior to my 65th birthday (at least 3 months before) **I must register and file for retirement with Social Security and elect Parts "A" (hospitalization) and Part "B" (medical) of my Social Security benefits** effective on my retirement date.

If I do not elect Part "A" and Part "B" (medical), the AETNA Medicare Advantage plan will not be in force and you will have no coverage with the Welfare Fund.

I understand that it is totally my responsibility to register with Social Security for Part A and Part B Medicare and that I will be penalized, by not having any Social Security medical coverage, if I fail to do so.

Date of Retirement _____

Retiree Name _____ **Social Security Number** _____

Retiree Signature _____ **Date** _____

I have witnessed the above participant sign this document:

Fund Representative Signature _____ **Date** _____

Pension Fund of
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320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

PENSION TAX FORM

Participant Name _____ **Social Security Number** _____

☐ I **do not** want to have Federal Income Tax withheld from my monthly pension check.

☐ I **do** want to have Federal Income Tax withheld from my monthly pension checks as follows:

☐ Flat Dollar Amount _____

☐ Percentage of Gross Pay _____ %

☐ Based on Exemption Status

If you would like to have your withholding amount calculated based on your number of tax allowances and marital status, please complete and return the attached W-4P form.

Participant Signature: _____ **Date:** _____

Official Use Only

Data Entry:

	Date Entered	**Initials**
Syntonic		

Form **W-4P**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2021

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 2021.

General Instructions

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 2021 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 2021. 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.

---------- **Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records.** ----------

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 6.**

OMB No. 1545-0074

2021

Your first name and middle initial	Last name	**Your social 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 ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ▶ ☐

2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ▶ _____ (Enter number of allowances.)

Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . ▶ $

Your signature ▶ **Date ▶**

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.)

A Enter "2" for yourself . . . . . **A** _____

B Enter "1" if you will file as married filing jointly . . . . . **B** _____

C Enter "1" if you will file as head of household . . . . . **C** _____

D **Child tax credit.** See Pub. 972 for more information.

- If your total income will be less than $72,351 ($105,051 if married filing jointly), enter "4" for each eligible child.
- If your total income will be from $72,351 to $181,950 ($105,051 to $351,400 if married filing jointly), enter "2" for each eligible child.
- If your total income will be from $181,951 to $200,000 ($351,401 to $400,000 if married filing jointly), enter "1" for each eligible child.
- If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" . . . . . **D** _____

E **Credit for other dependents.** See Pub. 972 for more information.

- If your total income will be less than $72,351 ($105,051 if married filing jointly), enter "1" for each eligible dependent.
- If your total income will be from $72,351 to $181,950 ($105,051 to $351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
- If your total income 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 enter the amount from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . . **F** _____

G Add lines A through F and enter the total here . . . . . ▶ **G** _____

For accuracy, complete all worksheets that apply.

- 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.
- 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.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

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: { $24,800 if you're married filing jointly or qualifying widow(er); $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**	$
4	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	Enter an estimate of your 2020 other income not subject to withholding (such as dividends, interest, or capital gains)	**6**	$
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	**7**	$
8	**Divide** the amount on line 7 by $4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	**8**	
9	Enter the number from the **Personal Allowances Worksheet**, line G, on page 4	**9**	
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 here** and enter this total on Form W-4P, line 2, on page 1	**10**	

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** 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 **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**)	**1**	
2	Find the number in **Table 1** on page 6 that applies to the **LOWEST** 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. **Do not** use the rest of this worksheet	**3**	

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	**4**			
5	Enter the number from line 1 of this worksheet	**5**			
6	**Subtract** line 5 from line 4			**6**	
7	Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here			**7**	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed			**8**	$
9	**Divide** line 8 by the number of payments remaining in 2020. For example, divide by 8 if you're paid every month and you complete this form in April 2020. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment			**9**	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job or pension are—	Enter on line 2 above	If wages from **LOWEST** paying job or pension are—	Enter on line 2 above
$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 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
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 **HIGHEST** paying job or pension are—	Enter on line 7 above	If wages from **HIGHEST** 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.

Pension Fund of
Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

DIRECT DEPOSIT FORM

If you wish to enroll for electronic direct deposit of your pension check, please fill in the information requested below, sign the form, attach a voided personal check from the bank to which you would like your pension payment transferred, and return this application to the Fund Office as soon as possible. The Fund office will contact you to let you know the month that your first direct deposit will be made.

Participant Name _____ **Social Security Number** _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Participant Signature: _____ **Date:** _____

Please attach a voided personal check from the bank account to which you would like your pension check direct deposited:

< VOIDED CHECK SAMPLE >