

Tax Withholding Notification and Election Nonperiodic Distributions

Notification	<p>Your plan administrator is required to provide you with a tax notice regarding qualified plan payments. It contains the important information you need to know before making a payment/withholding election. You should understand that the taxable portion of an eligible rollover distribution is subject to 20% mandatory Federal income tax withholding and, if applicable, state income tax withholding, unless you elect a Direct Rollover of the funds to a qualified plan or an Individual Retirement Account (IRA). You have the right to make or change your election up to the date of payment, but the election may not be made or changed after the distribution has been made.</p>										
General Information Complete the requested information If you are receiving this distribution on behalf of an estate, enter the Taxpayer Identification Number for the estate instead of your Social Security Number.	First Name	Last Name	Middle Initial								
	Address (No. & Street)										
	City	State	Zip Code								
	Social Security No./Taxpayer Identification No.	Date of Birth	Name of Pension Plan								
Election A. Direct rollover of distribution If you wish to authorize a direct rollover of an eligible rollover distribution, complete this section. Failure to complete all information could delay the transaction.	<p><input type="checkbox"/> I hereby authorize a Direct Rollover of \$ _____ (or ____%) of the portion of this distribution which qualifies as an eligible rollover distribution. I will receive direct payment for any portion of the distribution that (1) I do not authorize for Direct Rollover; (2) is non-taxable (normally post-tax contributions); and/or (3) is not eligible for Direct Rollover (complete section C). I understand that the amount directly rolled over will not be subject to any Federal/State income tax withholding, nor will it be taxable to me at this time.</p> <p>As allowed under the Unemployment Compensation Amendments Act of 1992, the Direct Rollover should be made payable to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Plan/Financial Institution Name <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Individual Retirement Account </div> </td><td style="width: 40%;">Account No.</td></tr> <tr> <td colspan="2">Address (No. & Street)</td></tr> <tr> <td>City</td><td>State</td></tr> <tr> <td colspan="2">Zip Code</td></tr> </table>			Plan/Financial Institution Name <div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Individual Retirement Account </div>	Account No.	Address (No. & Street)		City	State	Zip Code	
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B. Individually paid distribution subject to 20% withholding If you wish to have the distribution paid directly to you, complete this section.	<p><input type="checkbox"/> I do not authorize a Direct Rollover of funds, even though this distribution qualifies as an eligible rollover distribution. I understand that this will result in the deduction of 20% mandatory Federal income tax withholding and, if applicable, state income tax withholding from the taxable portion of the distribution which is payable to me.</p>										
C. Non-periodic distribution subject to 10% withholding If all or a portion of the distribution that is taxable does not constitute an eligible rollover distribution, complete this section and select the desired withholding option.	<p><input type="checkbox"/> I do <input type="checkbox"/> I do not elect Federal (and state, if applicable) withholding from the taxable portion of the distribution that is NOT an eligible rollover distribution, because the distribution is:</p> <ul style="list-style-type: none"> • a required distribution payable after I've reached age 70 1/2, or • a death benefit payable after the employee's retirement, or • a death benefit payable before the employee's retirement, to a beneficiary who is not the spouse. 										
Certification	<p>Under penalty of perjury, I hereby certify that my name, resident address, social security number and date of birth, as shown above are correct. I have received the tax notice regarding qualified plan payments and chose the election(s) shown above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Payee's signature</td><td style="width: 30%;">Date</td></tr> </table>			Payee's signature	Date						
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