

FEDERAL TAX WITHHOLDING ELECTION

Fringe Benefit Fund Name: _____

Complete the following applicable lines.

1. I elect **not** to have federal income tax withheld from my pension. (*Do complete lines 2 or 3*).

2. I want withholding based on the following (complete one):
Single and _____ number of allowances
Married and _____ number of allowances
Married but withhold at a higher single rate and _____ number of allowances

3. I want the following **additional** flat dollar amount withheld from my monthly Pension (*You cannot enter an amount here without completing line 2*):

4. Withhold this amount:

Signature

Signature of Payee

Social Security Number

Payee Printed Name

Date