

**Mid-Atlantic UFCW and Participating Employers
Pension Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

****NOTE: THIS FORM MUST BE RETURNED REGARDLESS OF WHETHER OR NOT WITHHOLDINGS ARE ELECTED****

PENSION STATE TAX WITHHOLDING FORM

WHO MAY FILE:

Recipients of Pensions or Annuities may file this form to request that State income tax be withheld from each monthly pension payment. Your request for withholding is voluntary.

COMPLETING AND FILING THIS FORM:

1. Complete Section A.
2. Complete Section B. Enter the amount you want withheld from each payment. The Amount:
 - (1) Must be in **whole dollars** (example: \$35.00 Not \$34.50)
 - (2) Must NOT be less than \$5.00 per month.
 - (3) Must NOT reduce the net amount of your pension/annuity payment to less than \$10.00.
 - (4) If no withholdings are requested, enter zero (0) and return form.

**ANNUITANT'S REQUEST FOR STATE INCOME TAX WITHHOLDING
PENSION**

Section A.

Type or Print Full Name

Social Security Number

Home Address (Number and Street)

City

State

Zip Code

Section B.

Enter the amount to be withheld from each annuity/pension payment.....\$_____

I request voluntary income tax withholding from my annuity/pension payments as authorized by Section 3402(o) of the Internal Revenue Code.

Signature of Annuitant

Date