

# MIDWEST

Institutional Trust Company

Please read the tax information on this form to determine how it may apply to your benefit payment. For additional tax guidance, please consult a tax advisor or refer to the state tax authorities contact information on the back of this page. Complete the section(s) as they apply to your situation. Sign and date the form and return it to MIDWEST Institutional Trust Company at the address shown below.

For residents of AK, FL, HI, MT, NV, NH, ND, SD, TN, TX, WA, WY: There is either no withholding requirement for pension/annuity payments in your state or withholding services are not offered by MIDWEST Institutional Trust Company.

For residents of AL, AR, AZ, CA, CO, CT, DE, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, NE, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, UT, VT, VA, WV and WI complete applicable section below:

**IF YOU'RE A RESIDENT OF MI OR NC, PLEASE CONTACT US FOR THE APPROPRIATE FORM. 1-855-767-1590.**

\* If state withholding is calculated to be less than \$10.00, no withholding will be deducted based upon state regulations.

\*\* If state withholding is calculated to be less than \$5.00, no withholding will be deducted based upon state regulations.

### States Permitting Withholding on a Voluntary Basis

#### RESIDENTS OF AZ ONLY:

I want the following flat percentage amount, based on the taxable amount of distribution, withheld from my monthly retirement benefit.

I elect **not** to have AZ state income tax withheld from my pension and/or annuity.  OR

I elect:  .8 %  1.3%  1.8%  2.7%  3.6%  4.2%  5.1%

Additional amount to be withheld per distribution

\$ \_\_\_\_\_

**RESIDENTS OF AL, AR, CO, DE, ID, KS, KY, LA, MN, MS, NM, OH, OR\*, PA, RI, SC, UT, WV & WI\*\*** are subject to voluntary withholding. No withholding will be deducted unless requested.

I elect **not** to have state income tax withheld from my pension and/or annuity.

I want the following flat dollar amount withheld from my monthly pension:

\$ \_\_\_\_\_ OR

I elect to have state taxes calculated and withheld based upon the following elections:

Single  Married  Married but withhold at a higher single rate Number of Allowances: \_\_\_\_\_

**RESIDENTS OF CT\*, IL, IN\*, MD, MO\*, NJ\*, & NY\*\*** are subject to voluntary withholding. No withholding will be deducted unless requested.

I elect **not** to have state income tax withheld from my pension and/or annuity.

I want the following flat whole dollar amount withheld from my monthly pension:

\$ \_\_\_\_\_

### States with Mandatory Withholding Requirements

**RESIDENTS OF CA, GA, ME, MA, NE\*, OK, VT and VA** are subject to mandatory state withholding, however, an election out of Federal withholding qualifies as an election out of state withholding. Federal elections regarding marital status and allowances apply to state withholding unless other elections are noted below.

I have elected out of federal withholding so state withholding does not apply.

I want the following flat dollar amount withheld from my monthly pension:

\$ \_\_\_\_\_ OR

I elect to have state taxes calculated and withheld based upon the following elections:

Single  Married  Married but withhold at a higher single rate Number of Allowances: \_\_\_\_\_

**RESIDENTS OF IA** are subject to mandatory state withholding at a minimum rate of 5% of the gross taxable distribution amount, however, an election out of Federal withholding qualifies as an election out of state withholding.

I have elected out of federal withholding so state withholding does not apply.

Signature of Participant \_\_\_\_\_

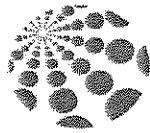
Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Please return this completed form to:

MIDWEST Institutional Trust Company  
Payments Department  
4900 W Brown Deer Road  
Milwaukee, WI 53223



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Signature of Participant \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_

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