

**UA LOCAL 190 PENSION FUND
ANNUAL PENSION WITHHOLDING ELECTION**

I attest that the monthly pension I have received through the date of my signature is the pension I had earned by my own employment, or I am the legal beneficiary or legal alternate payee of a member who had earned benefits by employment covered by the UA Local 190 Pension Fund and my address is stated correctly.

DO NOT COMPLETE OR RETURN UNLESS YOU HAVE A CHANGE

Print Your Name: _____ **SSN or ID#** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Check here if new address, or if your address differs from the address the Fund Office has on file.

DO NOT COMPLETE OR RETURN UNLESS YOU HAVE A CHANGE

TAX WITHHOLDING ELECTION FOR PENSION RECIPIENT

Check the appropriate box (es) to change your tax-withholding amount for Federal and/or Michigan (if appropriate):

- A. I want to **change** my Federal Income Tax withholding. Send me a new Tax Form (W-4P) to complete.
- B. I want to have a **fixed amount** of Federal Income Tax withholding. Withhold \$ _____ per month.
- C. I **currently have**, but now I **do not** want to have Federal Income Tax withheld from my pension.
- D. I want to change my Michigan withholding (if appropriate). Please send me a Michigan tax form(MI W-4P)

I have checked the appropriate box(es) understanding that if I do not have enough income tax withholding, I will be liable for payment of additional income tax due on my pension benefits and I may also be subject to tax penalties under the estimated tax payment regulations. If no box is checked, my current Federal and Michigan withholding election will stay the same. I understand that I can change my Federal and/or Michigan withholding election at any time.

SIGNATURE OF RECIPIENT: _____

DATE: _____

POWER OF ATTORNEY/GUARDIAN:

Please include contact information if above is signed by an attorney-in-fact or guardian. Include legal papers if you are acting on behalf of the Pension Recipient.

PRINT ATTORNEY IN FACT OR GUARDIAN NAME: _____

Power of Attorney /Guardian Address (if applicable): _____

City: _____ **State:** _____ **Zip:** _____

Send Completed Form To:

UA LOCAL 190 Pension Fund
30700 Telegraph Rd
Suite 2400
Bingham Farms, Michigan 48025

** A self-addressed envelope has been provided for your convenience.*