



1-800-74-FLASHSM (35274)



Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust FEDERAL INCOME TAX WITHHOLDING FORM

1. NOTICE OF FEDERAL INCOME TAX WITHHOLDING

If you are receiving a distribution from the Plan for one of the following reasons you must read this notice and complete the remainder of this form:

- If you are a non-spouse beneficiary applying for a distribution.
- If you are a non-spouse alternate payee applying for a distribution pursuant to a Qualified Domestic Relations Order.
- Minimum required distributions.

These distributions are subject to immediate Federal income tax withholding unless you elect not to have withholding apply.

An election not to have withholding apply to a payment or distribution to be made by the Plan will remain in effect until revoked in writing.

You may revoke your election at any time regarding future payments. Any election or revocation will be effective no later than the first day of the calendar month after it is received. Any election made after a payment or distribution is made will not apply to that payment or distribution. You may make and revoke elections not to have withholding apply as often as you wish.

If you elect not to have withholding apply or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax payment rules if your withholding and estimated tax payments are not sufficient.

2. PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

3. WITHHOLDING ELECTION

I, the undersigned, have read Notice of Federal Income Tax Withholding and I understand the Federal Income Tax withholding options that I may elect.

I elect to have the following Federal Income Tax withholding apply to my benefit payment:

- No Federal Income Tax withheld.
- Yes, Federal Income Taxes withheld as indicated below:
- Total number of allowances and marital status I am claiming:
(For periodic payments you must enter a number of allowances and marital status)
- Number of Allowances: _____
- Marital Status: Married Single Married, but withhold at higher single rate

(Choosing this option will default to the appropriate Tax Table.)

4. PARTICIPANT SIGNATURE

I understand that even if I elect to have taxes withheld, I am still liable for the payment of Federal Income Tax on the taxable portion of my benefit payments. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

PARTICIPANT SIGNATURE

DATE

5. ADMINISTRATOR AUTHORIZATION

Authorized Fund Administrator Signature

Date

Please return the completed form to:

**Iron Workers District Council of Southern Ohio & Vicinity Annuity Trust
Main P.O. Box 398
Dayton, OH 45401**

03628d 1009