



THE AEROSPACE EMPLOYEES' RETIREMENT PLAN
ANNUITANT'S REQUEST FOR INCOME TAX WITHHOLDING

Type or print Full Name: _____ Badge No: _____ SSN: _____

Home Address (number and street): _____

City, State and Zip Code: _____ Telephone Number: _____

FEDERAL INCOME TAX WITHHOLDING

Complete one of the following sections:

1. I elect **not** to have income tax withheld from my pension or annuity.

OR

2. I elect my withholding from each pension payment to be figured using the number of allowances and marital status shown. (You may also designate an additional amount on line 2a.) **Enter the number of exemptions:** _____

Marital Status: Single Married

2a. I elect the following **additional** amount withheld from each pension payment.
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$ _____

STATE INCOME TAX WITHHOLDING FOR: _____

Complete one of the following sections: *(indicate state on the above line)*

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

OR

2. I elect my withholding from each pension payment to be figured using the number of allowances and marital status shown. (You may also designate an additional amount on line 2a.) **Enter the number of exemptions:** _____

Marital Status: Single Married

2a. I elect the following **additional** amount withheld from each pension payment.
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$ _____

Signature of Annuitant

Date