

**FEDERAL ELECTION FORM**

Complete Part I or Part II. **DO NOT COMPLETE BOTH PARTS.**

**PART I.** Complete Part I only if you want to have federal income taxes withheld from your pension payments.

YES, I want to have federal income taxes withheld from my pension.

Single       Married      Number of allowances \_\_\_\_\_

Additional amount, if any, you want deducted from each payment \$ \_\_\_\_\_

You can claim the following allowances:

- 1 for yourself;
- 1 for your spouse if you are married;
- 1 for each additional dependent you will claim on your federal income tax return.

**NOTE: UNDER CURRENT LAW, YOU CANNOT DESIGNATE A SPECIFIC DOLLAR AMOUNT TO BE WITHHELD.**

Other allowances may also be claimed; allowances may be higher if you or your spouse are over age 65 or are blind, or if you itemize deductions. The IRS or your own tax adviser can give you a worksheet to help you figure your withholding allowances.

\_\_\_\_\_  
Signature of Pensioner or Survivor

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local

\_\_\_\_\_  
Reg. No.

( ) \_\_\_\_\_  
Telephone Number (optional)

**\*\*\* PART II FOR EXEMPT PURPOSES ONLY \*\*\***

**PART II.** Complete Part II only if you do not want to have federal income taxes withheld from your pension payments. Do not complete Part II if you are a U.S. citizen receiving your pension payments outside the United States.

I elect not to have federal income taxes withheld from my pension. I understand that I can revoke this election at any time.

You should be aware that your pension benefits are taxable income. If you elect not to have tax withheld, you may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

\_\_\_\_\_  
Signature of Pensioner or Survivor

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local

\_\_\_\_\_  
Reg. No.

( ) \_\_\_\_\_  
Telephone Number (optional)

California Residents - If you want to have California tax withholding as well, you must also complete an Election Form for the State of California.

**RETURN FORM TO: ILWU-PMA Benefit Plans  
1188 Franklin Street, Suite 300  
San Francisco, CA 94109**