

STATE OF CALIFORNIA ELECTION FORM

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

PART I. Complete No. 1 or 2

1. I want my withholding from each pension payment to be figured using the marital status and number of withholding allowances shown below:

Single Married Unmarried Head of Household
Number of allowances _____

OR

2. I want this amount withheld from each pension payment: \$ _____

Signature of Pensioner or Survivor

Local/Reg.No.

Date

PRINT NAME HERE

() _____
Telephone Number (optional)

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

PART II. Complete Part II only if you do not want to have California Personal Income Taxes withheld from your pension payments.

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

If you elect not to have tax withheld, you should be aware that your pension benefits are taxable income. 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

Local/Reg.No.

Date

PRINT NAME HERE

() _____
Telephone Number (optional)

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