

**NOTICE OF FEDERAL TAX WITHHOLDING ON PENSION PAYMENTS
MONTHLY PENSION BENEFITS BEGINNING JANUARY 1, 2012**

The pension payments you receive are subject to Federal income tax withholding unless you elect not to have withholding apply.

- You may elect to have an amount deducted from your pension in accordance with the IRS withholding tables. This amount is determined by the marital status and number of allowances you indicate on Line 2 below.
- **Under current law, you cannot designate a specific dollar amount to be withheld.** However, you can designate an additional amount to be withheld on Line 3 below.
- You may elect to not have any tax withheld by checking the box on Line 1. *Please note however that if you elect not to have withholding apply to your pension payments, or if you do not have enough Federal income tax withheld from your pension payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.*

Please complete the attached form and return it via fax 1-866- 952-2430 or via mail to Lauterbach & Amen, 27W457 Warrenville Rd, Warrenville, IL 60555. If you do not return the election, we are required to withhold Federal income tax from the taxable portion of your pension payments as if you were a married individual claiming three withholding allowances. (This requirement does not apply if your pension is entirely nontaxable or if we have a W4-P already on file.)

Please do not hesitate to call our Payroll Department at 1-866-952-6329 should you have any questions.

ELECTION FOR RECIPIENTS OF PENSION PAYMENTS:

Name (**please print**): _____

Last 4 digits of Social Security Number: XXX-XX-_____ Pension Fund: _____

1. I do not want to have Federal Taxes withheld from my pension.
2. I want Federal Taxes withheld from each monthly pension payment to be figured using the marital status **AND** number of exemptions shown below:

Marital Status: Single_____ Married_____ Married but withhold at higher "Single" rate_____
AND # of Exemptions: _____ **(** If blank, "0" will be assumed! **)**
3. In addition to the amount determined to be withheld from **2** (above), I want the following amount to be withheld from my pension \$ _____.

Signature: _____ Date: _____

Daytime telephone number (_____) _____