

## Roth 403(b) Distribution Request

If you wish to liquidate Traditional 403(b) assets from your Foresters Financial Services, Inc. 403(b) Custodial Account, you must complete and submit the Traditional 403(b) Distribution Request Form.

Alterations to provided information will not be accepted unless initialed next to the alteration by the customer.

### 1. Participant and Employer Information

Participant's First Name (**print**)

Participant's Last Name (**print**)

Participant's Date of Birth

Employer's Name (**print**)

**Marital Status:** If married, you may be required to obtain spousal consent to take a distribution. Check with your Plan Administrator. If spousal consent is required, complete **Section 7**.

### 2. Reason for 403(b) Distribution *Only one reason may be selected in this section.*

Before completing this section, please check with the Plan Administrator to ensure that the reason for the distribution is permitted under the Employer's plan. Our general procedures require the Employer or its designated Third Party Administrator ("TPA") to sign in **Section 9**. For plan-to-plan transfers, the receiving Plan's Employer or its designated TPA must also sign in **Section 10**.

**Check one:**

*Termination of Employment*  
(Check one box)

I terminated my employment from the Employer named above prior to the year of my attaining age 55.

I terminated my employment from the Employer named above during or after the year of my attaining age 55.

Year of termination: \_\_\_\_\_

*Attainment of Age 59 1/2*

I am at least age 59 1/2 and still employed by the Employer named in **Section 1**.

*Disability*

I am disabled as defined by the Plan. **I certify that I have provided my Employer or, if applicable, the TPA with documentation from my doctor(s) certifying that I am disabled as defined by the Plan.**

*Divorce*

Distribution is being made pursuant to a Domestic Relations Order. **I have attached the appropriate document(s) or certify that such document(s) have been provided to my Employer, or if applicable, TPA.**

*Death*

Participant is deceased. Each beneficiary, or if not named, legal representative, must complete a separate Roth 403(b) Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.

I am (check one box):  Spouse Beneficiary  Non-Spouse Beneficiary

\_\_\_\_\_  
Name of Beneficiary, Trust or Estate (**print**)

\_\_\_\_\_  
Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate

\_\_\_\_\_  
Social Security # of Beneficiary or Employer Identification # for Trust or Estate

\_\_\_\_\_  
Date of Birth of Beneficiary or Date of Trust

*Contract Exchange*

Exchange assets to another provider under the Employer's 403(b) Plan that permits Roth 403(b) contributions. **Appropriate Employer/TPA signature(s) required in Section 9.**

*Plan-to-Plan Transfer*

Transfer assets to another Employer's 403(b) Plan that permits Roth 403(b) contributions. **Appropriate Employer/TPA signature(s) required in Section 9 and Section 10.**

\_\_\_\_\_  
Name of Roth 403(b) Employer to which assets are being transferred

**3. Distribution Options**

**SG** required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s). Parts A and B should not be completed for the same request.

**A. One-Time Distribution**

*Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.*

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

**Select either A1 or A2 below:**

**A1)**  100% of ALL Roth 403(b) Accounts under my Master Account # \_\_\_\_\_  
example: 0000123456-001

**A2)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B. Periodic Distribution**

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

**Method - Select either B1 or B2 below:**

**B1)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B2)**  **Life Expectancy Option.**

**Check one:**

- based on my life expectancy.
- based on the life expectancy of me and my designated beneficiary, who is my spouse.

Spouse's date of birth \_\_\_\_\_

- based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.

Beneficiary's date of birth \_\_\_\_\_

To be distributed:

Exclusively from fund account # \_\_\_\_\_

Proportionately from all fund accounts under this Master Account # \_\_\_\_\_  
example: 0000123456-001

**Frequency - Check one:**  Monthly  Quarterly  Semi-Annually  Annually

*If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).*

**Start Date:** \_\_\_\_\_

*If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.*

## 4. Payment Directions

\* **MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.**

- Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my Roth 403(b) account # \_\_\_\_\_.

*Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.*

*Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.*

### Check one:

- by check to the address of record. \* **(SG)** if address has been changed within 30 days.
- by Electronic Funds Transfer (EFT) to my pre-designated Bank Account ending with the last 5 digits of \_\_\_\_\_. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer (EFT) privilege is established.
- by transfer of shares (in kind) to another broker-dealer controlled account within the same fund family. **(The account must be established by the broker-dealer prior to initiating this transaction.)** **(SG)**

\_\_\_\_\_  
Financial Institution's Name (print)

\_\_\_\_\_  
Financial Institution's Telephone #    BIN #

- check box, attach and complete the "**Roth 403(b) Distribution Request Supplement - Payment Directions for Multiple Destinations (403-SUPP)**" if your Roth 403(b) distribution is being disbursed to multiple destinations and you wish to allocate the "pretax amounts" and "after-tax amounts" included in the distribution.

- by check to financial institution: \* **(SG)**
- Check box if requesting a Contract Exchange/Plan-to-Plan Transfer. (Attach Receiving Provider's Application or Instructions, if applicable.)
- Check box if proceeds are being directly rolled over into a Roth IRA or Roth retirement account.

\_\_\_\_\_  
Financial Institution's Name (print)

\_\_\_\_\_  
Financial Institution's Telephone #

\_\_\_\_\_  
Financial Institution's Address (Street Address, City, State, Zip Code)

\_\_\_\_\_  
Financial Institution's Account Registration

\_\_\_\_\_  
Financial Institution's Name of Fund or Existing Account #

- by check to an alternate payee: \* **(SG)**

\_\_\_\_\_  
Alternate Payee's Name (print)

\_\_\_\_\_  
Relationship to Owner

\_\_\_\_\_  
Alternate Payee's Street Address, City, State, Zip Code

- purchase First Investors Funds non-retirement shares in a new or existing account in my name:

\_\_\_\_\_  
Existing Account # (Attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form)

- purchase shares as a Plan-to-Plan Transfer to a Foresters Financial Services, Inc. Roth 403(b) Custodial Account for another Employer's 403(b) Plan in the same fund(s):

\_\_\_\_\_  
Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file)

- purchase shares as a Direct Rollover to a Foresters Financial Services, Inc. Roth 403(b) Custodial Account in the same fund(s) for another Employer's 403(b) Plan:

\_\_\_\_\_  
Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file)

- purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s):

\_\_\_\_\_  
Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file)

- transfer the shares of the Roth 403(b) account into a Foresters Financial Services, Inc. Beneficiary Roth 403(b) account for my benefit and **invest in the same Fund(s)** as the current Roth 403(b). Attach Master Account Agreement and 403(b) Application if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

- roll over the Roth 403(b) account into an Inherited Roth IRA for my benefit and **invest in the same Fund(s)** as the current Roth 403(b). Attach Master Account Agreement and IRA Application, if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

## 5. Required Minimum Distribution Instructions

Complete this section only if you are age 70½, required to take Required Minimum Distributions ("RMD") and wish to roll over the assets.

You must take the first RMD by April 1st of the year following the later of age 70½ or your termination of employment with the employer sponsoring the 403(b). RMDs are not eligible for rollover. Therefore, they must be taken before assets are rolled over. **If you are age 70½, have terminated employment with the employer sponsoring this 403(b) and you do not complete this section, your distribution may not be processed.**

### Check one:

- I authorize and direct Foresters Investor Services, Inc. to distribute my RMD amount to me for the current year prior to transferring/rolling over my assets.
- My RMD has already been taken for the current year.

**I understand that I am responsible for any penalties that result from failure to take my RMDs. I further understand that it is my responsibility to complete and submit to Foresters Investor Services, Inc., separate instructions to establish a new RMD from my qualified retirement accounts invested with First Investors Funds.**

## 6. Federal Tax Withholding

This section does not apply if your distribution is a Qualified Distribution of a Roth 403(b) Account.

If your distribution is a nonqualified distribution and if your distribution is an "eligible rollover distribution", the earnings portion of the distribution is subject to 20% mandatory federal income tax withholding unless the assets are being directly rolled over to a Roth IRA or a designated Roth account in an eligible retirement plan.

See the attached Internal Revenue Service Notice for a detailed explanation of your options. Then, if applicable, check the appropriate box.

I am not subject to 20% income tax withholding because the distribution is not an "eligible rollover distribution." The distribution is:

### Check one:

- payable over my life expectancy.
- payable over the joint life expectancy of me and my designated beneficiary.
- a minimum required distribution due to my attainment of age 70½.
- one of a series of equal payments that will be made at least once a year and will continue for a period of at least 10 years.

If you are not subject to 20% income tax withholding due to an exception noted above, **you must complete and return an IRS Form W-4P or your request will not be processed.**

## 7. Spousal Consent (if applicable)

This section must be completed if you are married and your spouse must consent to the distribution. Your spouse's signature must be witnessed by the Plan Administrator or by a Notary Public. See your Plan Administrator to determine if spousal consent is required.

I, the spouse of Participant, hereby voluntarily consent to the distribution of benefits requested. I also agree to waive the remainder of the 30 day notice period during which time I may consider the distribution options available. I understand that the effect of this consent will be to forfeit benefits I would have been entitled to receive upon my spouse's death and that my consent is irrevocable unless my spouse revokes this waiver.

Spouse's First Name (print) \_\_\_\_\_ Spouse's Last Name (print) \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's signature must be witnessed either by the Plan Administrator or a Notary Public:**  
**Witnessed by Plan Administrator: \_\_\_\_\_ OR \_\_\_\_\_ Witnessed by Notary Public:**

Plan Administrator's First Name (print) \_\_\_\_\_ Plan Administrator's Last Name (print) \_\_\_\_\_

Signature of Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_

### Notary Public:

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of month \_\_\_\_\_, year \_\_\_\_\_, by

Affiant's Name (print) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_

(SEAL)

Name of Notary Public (typed, stamped, printed) \_\_\_\_\_

**8. Signature**

*Our procedures generally require your Employer or its designated Third Party Administrator ("TPA") to sign in Section 9 and/or 10.*

**Participant / Ex-Spouse if distribution due to divorce / Person Requesting Distribution**

I acknowledge that I have received, read and understand the 403(b) Custodial Agreement and Disclosure Statement as well as the attached IRS notification explaining the tax consequences of a distribution of my Roth 403(b) assets, my right to make a direct rollover of an eligible rollover distribution, and how making a direct rollover of a nonqualified distribution avoids mandatory 20% income tax withholding or earnings. I understand that unless I make an affirmative election otherwise, the law requires a notice period of not less than 30 days nor more than 180 days prior to making a distribution and that, if I am requesting a distribution within the 30 day notice period, I am affirmatively waiving any unexpired portion of the 30 day notice period during which I may consent to a plan distribution. I acknowledge that neither Foresters Financial Services, Inc. ("FFS"), nor any of its affiliates has any duty or responsibility for determining whether a distribution, rollover, transfer or exchange is permitted or complies with the Employer's plan or applicable laws. I understand that, upon my divorce, state law may automatically revoke the designation of my spouse as beneficiary. I certify that I have reviewed, and, if applicable, updated my beneficiary designation. I certify, on behalf of my beneficiaries and heirs, that neither FFS, nor any of its affiliates will incur any liability if, upon my death, payments are made in accordance with my beneficiary designation on file and my beneficiary designation is subsequently determined to be in violation of state law, federal law or a valid domestic relations order. If a distribution is being requested by an ex-spouse beneficiary upon the death of or divorce from the participant, I, the ex-spouse, certify that I am eligible to receive the distribution requested and that such distribution is not in violation of any state law, federal law or domestic relations order. I further understand and agree that Foresters Investor Services, Inc. ("FIS") may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated or if the beneficiary information on this request differs from the beneficiary designation on file, and FIS will not be held responsible for such delay. I understand that the Employer has certain responsibilities to ensure that the 403(b) plan complies with federal and state laws and that the Employer may engage the services of a TPA to carry out some or all of those responsibilities. I hereby authorize FIS to notify the Employer and/or TPA of this distribution and any future distributions and give my permission for a copy of this document to be sent to the receiving institution listed in **Section 4**, if applicable. For transfer of shares (in kind), I authorize FIS to sell any non-transferrable money market fund shares and transfer the proceeds as cash.

I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct FFS and its affiliates to act in accordance with the distribution instructions contained herein.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting.

- Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.
- Non-Resident Aliens: Check this box if you are claiming an exemption as a non-resident alien and attach an IRS Form W-8BEN to this form.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**SG** denotes a signature guarantee is required.

**Affix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



\_\_\_\_\_  
First and Last Name of Person Requesting Distribution (**print**)

\_\_\_\_\_  
Signature of Person Requesting Distribution Date

**I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.**

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

**9. 403(b) Employer or Third Party Administrator ("TPA") Signature(s)**

*Our procedures generally require the Employer or TPA to sign below before we will process distributions.*

**For governmental and church 403(b) Plans and Plans subject to ERISA:** I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan, and the distribution is hereby authorized.

**For non-ERISA 403(b) Plans maintained by a Tax-Exempt 501(c)(3) Organization:** I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan and the facts stated on this distribution request form are true and correct.

I certify that the Provider designated to receive Roth 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the Employer's Plan or has entered into an Information Sharing Agreement with the Employer or its TPA. For TPAs, I also certify that the Employer named in **Section 1** has authorized the TPA to act on behalf of the Employer. This includes approving contract exchange requests. I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the Employer's Plan.

\_\_\_\_\_  
Authorized Individual's First and Last Name for Employer or TPA (print) Title Employer's or TPA's Telephone Number

\_\_\_\_\_  
Signature of Authorized Individual for Employer or TPA Date

\_\_\_\_\_  
If TPA, Name of TPA Firm (print)

**10. Plan-to-Plan Transfers/Rollovers:**

**Receiving Employer or Authorized Third Party Administrator ("TPA") Information**

*This section must be completed if requesting a Plan-to-Plan Transfer/Rollover.*

I certify that the Provider designated to receive Roth 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the receiving Employer's Plan or has entered into an Information Sharing Agreement with the receiving Employer, or, if applicable, the Employer's TPA. In addition, I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the receiving Employer's Plan.

I certify that I am authorized to make this certification and the transfer/rollover requested by the Participant or, if applicable, the Participant's Beneficiary may be made since it is allowed under the Employer's plan and complies with the requirements of the IRS Code Section 403(b). For TPAs, I also certify that the Employer of the receiving plan has authorized the TPA to act on behalf of the Employer.

\_\_\_\_\_  
Authorized Individual's First and Last Name for Employer or TPA (print) Title Employer's or TPA's Telephone Number

\_\_\_\_\_  
Signature of Authorized Individual for Employer or TPA Date

\_\_\_\_\_  
If TPA, Name of TPA Firm (print)

**Return by Regular Mail:**  
Foresters Investor Services, Inc.  
Attn: Redemptions & Exchanges Department  
P.O. Box 7837, Edison, NJ 08818-7837

**Return by Overnight Mail:**  
Foresters Investor Services, Inc.  
Attn: Redemptions & Exchanges Department  
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

**For More Information:**  
First Investors Funds  
800-423-4026 (Shareholder Services)  
www.foresters.com

**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from your 403(b) Plan (the "Plan") is eligible to be rolled over to a Roth IRA or designated Roth account in an employer plan. This notice is intended to help you decide whether to do a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are from a designated Roth account. If you also receive a payment from the Plan that is not from a designated Roth account, you will be provided a different notice for that payment. The Plan administrator or the payor will tell you the amount that is being paid from each type of account.

Rules that apply to most payments from a designated Roth account are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

**GENERAL INFORMATION ABOUT ROLLOVERS**

**How can a rollover affect my taxes?**

After-tax contributions included in a payment from a designated Roth account are not taxed, but earnings might be taxed. The tax treatment of earnings included in the payment depends on whether the payment is a qualified distribution. If a payment is only part of your designated Roth account, the payment will include an allocable portion of the earnings in your designated Roth account.

If the payment from the Plan is not a qualified distribution and you do not do a rollover to a Roth IRA or a designated Roth account in an employer plan, you will be taxed on the earnings in the payment. If you are under age 59½, a 10% additional income tax on early distributions will also apply to the earnings (unless an exception applies). However, if you do a rollover, you will not have to pay taxes currently on the earnings and you will not have to pay taxes later on payments that are qualified distributions.

If the payment from the Plan is a qualified distribution, you will not be taxed on any part of the payment even if you do not do a rollover. If you do a rollover, you will not be taxed on the amount you roll over and any earnings on the amount you roll over will not be taxed if paid later in a qualified distribution.

A qualified distribution from a designated Roth account in the Plan is a payment made after you are age 59½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying the 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you did a direct rollover to a designated Roth account in the Plan from a designated Roth account in another employer plan, your participation will count from January 1 of the year your first contribution was made to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the other employer plan.

**Where may I roll over the payment?**

You may roll over the payment to either a Roth IRA (a Roth individual retirement account or Roth individual retirement annuity) or a designated Roth account in an employer plan (a tax-qualified plan or section 403(b) plan) that will accept the rollover. The rules of the Roth IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the Roth IRA or employer plan (for example, no spousal consent rules apply to Roth IRAs and Roth IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the Roth IRA or the designated Roth account in the employer plan. In general, these tax rules are similar to those described elsewhere in this notice, but differences include:

- If you do a rollover to a Roth IRA, all of your Roth IRAs will be considered for purposes of determining whether you have satisfied the 5-year rule (counting from January 1 of the year for which your first contribution was made to any of your Roth IRAs).
- If you do a rollover to a Roth IRA, you will not be required to take a distribution from the Roth IRA during your lifetime and you must keep track of the aggregate amount of the after-tax contributions in all of your Roth IRAs (in order to determine your taxable income for later Roth IRA payments that are not qualified distributions).
- Eligible rollover distributions from a Roth IRA can only be rolled over to another Roth IRA.

**How do I do a rollover?**

There are two ways to do a rollover. You can either do a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your Roth IRA or designated Roth account in an employer plan that will accept direct rollovers. You should contact the Roth IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit within 60 days into a Roth IRA, whether the payment is a qualified or nonqualified distribution. In addition, you can do a rollover by making a deposit within 60 days into a designated Roth account in an employer plan that accepts rollovers if the payment is a nonqualified distribution and the rollover does not exceed the amount of the earnings in the payment. You cannot do a 60-day rollover to an employer plan of any part of a qualified distribution. If you receive a distribution that is a nonqualified distribution and you do not roll over an amount at least equal to the earnings allocable to the distribution, you will be taxed on the amount of those earnings not rolled over, including the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you at the same time, the portion directly rolled over consists first of earnings.

If you do not do a direct rollover and the payment is not a qualified distribution, the Plan is required to withhold 20% of the earnings for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover to a Roth IRA, you must use other funds to make up for the 20% withheld.



**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**How much may I roll over?**

- If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:
- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
  - Required minimum distributions after age 70½ (or after death)
  - Hardship distributions
  - Corrective distributions of contributions that exceed tax law limitations
  - Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
  - Cost of life insurance paid by the Plan
  - Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of the first contribution

The Plan administrator can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If a payment is not a qualified distribution and you are under age 59½, you will have to pay the 10% additional income tax on early distributions with respect to the earnings allocated to the payment that you do not roll over (including amounts withheld for income tax), unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the earnings not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

**If I do a rollover to a Roth IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from a Roth IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the earnings paid from the Roth IRA, unless an exception applies or the payment is a qualified distribution. In general, the exceptions to the 10% additional income tax for early distributions from a Roth IRA listed above are the same as the exceptions for early distributions from a plan. However, there are a few differences for payments from a Roth IRA, including:

- There is no special exception for payments after separation from service.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to a Roth IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and, if the distribution is a nonqualified distribution, the earnings in the loan offset will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the earnings in the loan offset to a Roth IRA or designated Roth account in an employer plan.

**If you receive a nonqualified distribution and you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that is not a qualified distribution and that you do not roll over, special rules for calculating the amount of the tax on the earnings in the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.



**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**If you receive a nonqualified distribution, are an eligible retired public safety officer, and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income nonqualified distributions paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

**If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, whether the payment is a qualified distribution generally depends on when the participant first made a contribution to the designated Roth account in the Plan. Also, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you receive a nonqualified distribution and you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to a Roth IRA, you may treat the Roth IRA as your own or as an inherited Roth IRA.

A Roth IRA you treat as your own is treated like any other Roth IRA of yours, so that you will not have to receive any required minimum distributions during your lifetime and earnings paid to you in a nonqualified distribution before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies).

If you treat the Roth IRA as an inherited Roth IRA, payments from the Roth IRA will not be subject to the 10% additional income tax on early distributions. An inherited Roth IRA is subject to required minimum distributions. If the participant had started taking required minimum distributions from the Plan, you will have to receive required minimum distributions from the inherited Roth IRA. If the participant had not started taking required minimum distributions, you will not have to start receiving required minimum distributions from the inherited Roth IRA until the year the participant would have been age 70½.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited Roth IRA. Payments from the inherited Roth IRA, even if made in a nonqualified distribution, will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited Roth IRA.

Payments under a qualified domestic relations order. If you are the spouse or a former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment as described in this notice).

**If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year (only including payments from the designated Roth account in the Plan) are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you can do a 60-day rollover.

If provided in the Plan and unless you elect otherwise, a mandatory cashout from the designated Roth account in the Plan of more than \$1,000 will be directly rolled over to a Roth IRA chosen by the Plan administrator. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

**FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or a professional tax advisor before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.



**Withholding Certificate for  
 Pension or Annuity Payments**

**2018**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2018.

**General Instructions**

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2018 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax

withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

**Withholding From Pensions and Annuities**

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for  
 Pension or Annuity Payments**

**2018**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ►   
**Marital status:**  Single  Married  Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold on periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$1,990 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or you would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2018 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. You can't choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Retirement Plans, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will

furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your payments will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

### Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who received a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.



Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all pensions using worksheets from only one Form W-4P. Claim all allowances on the Form W-4P that you or your spouse file for the highest paying pension in your family and claim zero allowances on Forms W-4P filed for all other pensions. For example, if you receive \$60,000 from your pension per year and your spouse

receives \$20,000 from a pension, you should complete the worksheets to determine what to enter on lines 2 and 3 of your Form W-4P, and your spouse should enter zero ("-0-") on lines 2 and 3 of his or her Form W-4P. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure your withholding more precisely.

<b>Personal Allowances Worksheet (Keep for your records.)</b>			
<b>A</b> Enter "1" for yourself . . . . .	<b>A</b> _____		
<b>B</b> Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____		
<b>C</b> Enter "1" if you will file as head of household . . . . .	<b>C</b> _____		
<b>D</b> Enter "1" if: <table style="display: inline-table; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one pension; or</li> <li>• You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or</li> <li>• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) are \$1,500 or less.</li> </ul> </td> <td style="padding: 5px; vertical-align: middle;">} . . . . .</td> </tr> </table>	<ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one pension; or</li> <li>• You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or</li> <li>• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) are \$1,500 or less.</li> </ul>	} . . . . .	<b>D</b> _____
<ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one pension; or</li> <li>• You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or</li> <li>• Your income from a second pension or a job or your spouse's pension or wages (or the total of all) are \$1,500 or less.</li> </ul>	} . . . . .		
<b>E Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		<b>E</b> _____	
<b>F Credit for other dependents.</b> <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		<b>F</b> _____	
<b>G Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . . .		<b>G</b> _____	
<b>H</b> Add lines A through G and enter the total here . . . . . <span style="float: right;">▶</span>		<b>H</b> _____	
For accuracy, complete all worksheets that apply.	<table style="display: inline-table; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, or if you have a large amount of other income and want to increase your withholding, see the <b>Deductions, Adjustments, and Additional Income Worksheet</b>, later.</li> <li>• If you <b>have more than one source of income subject to withholding</b> or are <b>married filing jointly and you and your spouse both have income subject to withholding</b> and your combined income from all sources exceeds \$52,000 (\$24,000 if married filing jointly), see the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> on page 5 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 2 of Form W-4P above.</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, or if you have a large amount of other income and want to increase your withholding, see the <b>Deductions, Adjustments, and Additional Income Worksheet</b>, later.</li> <li>• If you <b>have more than one source of income subject to withholding</b> or are <b>married filing jointly and you and your spouse both have income subject to withholding</b> and your combined income from all sources exceeds \$52,000 (\$24,000 if married filing jointly), see the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> on page 5 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 2 of Form W-4P above.</li> </ul>	
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**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income.

- 1 Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$24,000 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,000 \text{ if you're head of household} \\ \$12,000 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2018 other income (such as dividends, interest, or capital gains) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 . . . . . **10** \_\_\_\_\_

**Multiple Pensions/More-Than-One-Income Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "3" . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of payments remaining in 2018. For example, divide by 8 if you're paid every month and you complete this form in April 2018. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						



## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You're required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you're required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.