

Required Minimum Distribution (RMD) Request Form For 403(b) Accounts

1. Participant Information

Participant's First Name (print) _____ Participant's Last Name (print) _____ Participant's Birthdate _____ Participant's Last 4-digits of Social Security # _____
Master Account Number (13-digits) _____

2. Required Minimum Distribution Instructions

Complete either Section 2A or 2B:

Complete **Part 2A** to have Foresters Investor Services, Inc. ("FIS") calculate and distribute your Required Minimum Distribution ("RMD") based only on your First Investors Fund investments for this year and automatically for subsequent years.
Complete **Part 2B** (next page) to receive your RMD for this year only.

A) Ongoing Automatic Distributions - Calculation by FIS

I understand that: a) my RMD will be based on the previous year's December 31st market value of my First Investors Fund 403(b) account(s) registered under the Master Account Number provided in **Section 1**; b) my RMD as calculated by FIS will be distributed in accordance with my instructions as required every year; and c) I must separately calculate my RMD amount for any 403(b)s that are held at outside institutions and arrange for its distribution. I understand and agree that for my first RMD the total distribution amount taken from the account(s) registered under the Master Account Number provided in **Section 1** in the current distribution year will be used to satisfy my first RMD amount. If my total distributions in the current year are equal to or exceed my first year RMD amount, no additional distribution for RMDs will be made to me in the current year. If my total distributions in the current year are less than my first RMD amount, I will receive a distribution for the difference.

STEP 1: Prior Year-End Value

Using the two options below, identify where the assets were held as of December 31 of the prior calendar year.

Check one:

Assets were held with First Investors Funds. Proceed to Step 2.

Assets were **NOT** held with First Investors Funds.

You must provide the value of the assets as of December 31 of the prior calendar year \$ _____

STEP 2: Life Expectancy Option (*Dividend and capital gain payments will be reinvested to purchase additional fund shares.*)

I understand FIS will calculate my RMD each year by using the IRS Uniform Table, unless I qualify for the spousal exception (below) and provide my spouse's date of birth below, in which case the IRS Joint Life Expectancy Table will be used. My sole primary beneficiary is:

Check one:

my spouse, whose date of birth is: _____

a trust (already on file), whose sole primary beneficiary is my spouse, whose date of birth is: _____

I certify that I have met the requirements regarding beneficiaries of trusts for determining RMDs outlined at the end of this form.

Distribute my entire RMD (Check one):

From each of my First Investors Fund 403(b) account(s) registered under the Master Account Number provided in **Section 1**.

From my single First Investors Fund 403(b) account number _____
ex: 12v 000001234-1

STEP 3: Start Date

For the first calculation year, distributions will be made on the day you receive my completed request unless instructed otherwise below.

Distribute my First RMD on: _____ / _____ / _____
Month Day Year*

** Participants attaining age 70½ or retiring after age 70½ in the current tax year have the option of delaying their first year RMD until April 1st of the following year. If a delayed date for your First RMD was indicated, payments for subsequent years will be made annually beginning the month following the initial RMD, unless you select another month below.*

Distributions for subsequent years will be made on the same date as my First RMD, unless instructed otherwise below.

Distribute my subsequent RMDs on: _____ / _____
Month Day

STEP 4: Payment Frequency:

Check one: Semi-Monthly (1st and 16th of each month) Monthly Quarterly Semi-Annually Annually

Distributions for subsequent years will be made with the same frequency.

If a frequency is not indicated, distributions will be made annually on the day this request is received in good order (or the following business day).

Your signature is required in Section 6.

2. Required Minimum Distribution Instructions (continued)

B) One-Time Current Year Distribution Only - Calculation by Owner

I have calculated my own Required Minimum Distribution ("RMD") based upon the aggregate year-end value of all of my 403(b)s including those I may hold with other financial institutions. **I understand that: a) Foresters Investor Services, Inc. will not calculate or distribute my RMD for subsequent years; b) For future distributions, I must provide Foresters Investor Services, Inc. with the amount to be distributed if I choose to take my RMD from my First Investors Fund 403(b) account(s); and c) Distribution will be made on the day the request is received in good order.**

I would like to withdraw the following amount(s) from each fund indicated below (not my entire account balance):

| | |
|---|---|
| \$ _____ First Investors Fund Account Number | \$ _____ First Investors Fund Account Number |
| \$ _____ First Investors Fund Account Number | \$ _____ First Investors Fund Account Number |
| \$ _____ First Investors Fund Account Number | \$ _____ First Investors Fund Account Number |

3. Payment Method

(SG) required if more than \$100,000.

If no payment method is selected, a check will be sent to the address of record.

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 in the last 5-digits of _____.
- by Electronic Funds Transfer (EFT) after establishing the privilege. **(SG)** Complete **Section 5**.
- by check to Foresters Financial Services, Inc.: _____
Existing Non-Retirement Account Number or Name of New Fund

Note: recipient account must be registered (a) individually to the same owner, (b) jointly involving the same owner, or (c) as a Trust Account for which the customer serves as trustee. In addition, both the originating and recipient accounts must have the same broker/dealer and address of record.

by check to financial institution listed below: **(SG)**

| | |
|---|---|
| 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 Number |

4. Tax Withholding Election

Complete an IRS Form W-4P to indicate your tax withholding election.

Your signature is required in Section 6.

(SG) denotes Signature Guarantee required.

5. Electronic Funds Transfer ("EFT") Option

I, the undersigned, hereby authorize Foresters Financial Services, Inc. and its affiliates, representatives and agents and their bank to electronically transfer funds via Automated Clearing House ("ACH") at any time as requested by me, to the bank account designated below from all of my First Investors Fund accounts opened now or in the future.

I authorize ACH credits (Fund redemptions, dividends and other distributions) to the bank account listed below.

As owner(s) or joint owner(s) of the bank account indicated below, I/we certify that my/our signature(s) as provided in **Section 6** is/are sufficient to authorize debits. If I/we am/are not the owner(s) of the indicated bank account, I/we understand that the signature(s) of the bank account owner(s) must be provided in **Section 5B**. I/We understand and agree that Foresters Financial Services, Inc. and its affiliates, representatives and agents will not be liable for any loss, expense, or costs arising out of any written or telephone transaction requests as long as the proceeds are transmitted from the bank account indicated below. I/We further understand and agree that the EFT privilege will be cancelled if Foresters Financial Services, Inc. is notified that my/our EFT was further electronically transferred via ACH to a bank located outside of the territorial United States.

NOTE: Ten business days are required to establish EFT privileges. A check will be mailed to your address of record if a distribution is scheduled before the EFT privilege is established.

- Check here if you wish to authorize ACH credits (Fund redemptions, dividends and other distributions) to the bank account account listed below. *(Please check one box for both **Section 5A(1)** and **5A(2)**.)*

A. BANKING INFORMATION:

1. The attached bank information is to: (check one box)

- establish **new** EFT privileges or **replace** the current bank account on file. Any current bank account on file will be removed. **(If no selection is made, we will default to this option.)**
- become the **active** bank for EFT privileges. Any existing bank account on file will be retained and available upon request.
- be added and **available upon request** for future EFT privileges. Any existing bank account on file remains as the active bank account.

2. Type of bank account: (check one box)

- Checking Account **(If no selection is made, we will default to this option.)**
- Voided Check enclosed.
- Savings Account: submit an account statement or encoded deposit slip, contact your financial institution to obtain the 9-digit bank ABA routing #: _____

Please tape a pre-printed voided check or encoded deposit slip here.

The check or deposit slip must be imprinted with:
- The name of the ACH Banking Institution
- Name of the Bank Account Owners
- Encoded Bank Account Number

Please note: An account statement can be submitted in place of a pre-printed voided check or encoded deposit slip provided it contains all necessary information. Generic deposit slips and starter checks are not acceptable.

B. SIGNATURE(S) of bank account owner(s) required if other than the First Investors Fund account owner(s):

I/We authorize the ACH credits and/or debits between the bank account indicated above and the First Investors Fund accounts owned now or in the future by the First Investors Fund account owner(s) identified above.

Bank Owner #1 First Name (print) Bank Owner #1 Last Name (print)
(if other than First Investors Account Owner)

Signature of Bank Owner #1
(if other than First Investors Fund Account Owner)

SG

Bank Owner #2 First Name (print) Bank Owner #2 Last Name (print)
(if other than First Investors Account Owner)

Signature of Bank Owner #2
(if other than First Investors Fund Account Owner)

SG

SG denotes a Signature Guarantee is required.

6. Signature See **Section 7** if Employer/Third Party Administrator (TPA) signature is required.

I understand that (a) it is my responsibility to satisfy the Required Minimum Distribution ("RMD") requirement for my 403(b)s; (b) dividends and capital gains must be reinvested for purposes of calculating my RMD; (c) account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; and (d) if I am electing the Life Expectancy Option under **Section 2(A)**, it is my responsibility to ensure that the beneficiary information on this form reflects my valid beneficiary designation which is on file with Foresters Financial Services, Inc. I acknowledge that if I request a distribution from my 403(b) to be deposited into an account registered under a different customer number other than my 403(b), such distribution will be deposited at the applicable offering price unless such distribution represents a distribution upon my attainment of 70½ years of age. Such funds are to be deposited into a customer number of which I am a joint owner at the NAV. I further understand that Foresters Investor Services, Inc. may delay processing my RMD 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 Foresters Investor Services, Inc. will not be held responsible for such delay. I have received, read and understand the applicable Fund prospectus(es). I hereby authorize and direct Foresters Financial Services, Inc. and its affiliates to act in accordance with the distribution instructions contained herein. I certify that all statements made by me on this request are true and correct and that I fully understand the tax and other consequences of this request.

SG denotes Signature Guarantee 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.

Participant's First Name (print) _____ Participant's Last Name (print) _____

Signature of Participant _____ 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 _____ |

7. 403(b) Employer or Third Party Administrator ("TPA") Signature

To be completed for distributions requiring Employer/TPA approval.

A. To be completed if 403(b) Plan is maintained by a governmental entity.

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request and that: (a) the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70½ years of age or is retired from the employer (whichever is later); and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby authorized.

Authorized Individual or TPA's First Name and Last Name **(print)**

Signature of Authorized Individual or TPA **Date**

If TPA, Name of TPA Firm **(print)**

Employer's or TPA's Telephone Number

B. To be completed if 403(b) Plan is maintained by a Tax-Exempt Organization 501(c)(3).

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request and that: (a) the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70½ years of age or is retired from the employer (whichever is later); and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby validated.

Authorized Individual or TPA's First Name and Last Name **(print)**

Signature of Authorized Individual or TPA **Date**

If TPA, Name of TPA Firm **(print)**

Employer's or TPA's Telephone Number

Important Information Regarding Required Minimum Distributions where the Beneficiary is a Trust

If you wish to treat the beneficiaries of a trust as designated beneficiaries for purposes of determining Required Minimum Distributions during your lifetime, the following IRS requirements must be satisfied:

1. The trust must be a valid trust under state law, or would be valid but for the fact that there is no corpus.
2. The trust must be irrevocable or will, by its terms, become irrevocable upon your death.
3. The beneficiaries of the trust who are beneficiaries with respect to the trust's interest in your account are identifiable from the trust instrument.
4. You must provide us with either a copy of the trust instrument with an agreement that if the trust instrument is amended, you will provide us with a copy of the amendment within a reasonable time **or** you must provide us with all of the following:
 - a list of the beneficiaries of the trust (including contingent and remainderman beneficiaries) with a description of the conditions of their entitlement.
 - certification that to the best of your knowledge, the list is correct and complete and that the requirements **1, 2 and 3** above are met.
 - an agreement that, if the trust instrument is amended at any time in the future, you will, within a reasonable time, provide to us corrected certifications to the extent that the amendment changes any information previously certified; and
 - an agreement to provide us with a copy of the trust instrument upon our demand.

For additional information see the Disclosure Statement which was previously provided to you.

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

**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.

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 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. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at 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 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. 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 to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

| | | | | | | |
|---|--|--|---|--|----------|-------|
| A | Enter "1" for yourself | A | _____ | | | |
| B | Enter "1" if you will file as married filing jointly | B | _____ | | | |
| C | Enter "1" if you will file as head of household | C | _____ | | | |
| D | Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> | { | <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • 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. | } | D | _____ |
| { | <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • 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. | } | | | | |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • 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. • 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. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" | E | _____ | | | |
| F | Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • 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). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" | F | _____ | | | |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G | _____ | | | |
| H | Add lines A through G and enter the total here ▶ | H | _____ | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: middle;"> For accuracy, complete all worksheets that apply. </td> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of other income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet, later. • If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$52,000 (\$24,000 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 2 of Form W-4P above. </td> </tr> </table> | For accuracy, complete all worksheets that apply. | { | <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of other income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet, later. • If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$52,000 (\$24,000 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 2 of Form W-4P above. | | |
| For accuracy, complete all worksheets that apply. | { | <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of other income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet, later. • If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$52,000 (\$24,000 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 2 of Form W-4P above. | | | | |

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 LOWEST paying job or pension are— | Enter on line 2 above | If wages from LOWEST paying job or pension are— | Enter on line 2 above | If wages from HIGHEST paying job or pension are— | Enter on line 7 above | If wages from HIGHEST 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.