



IUE-CWA Pension Fund
1460 BROAD STREET
BLOOMFIELD, NJ 07003
(973) 893-0333 phone (973) 893-8225 fax
www.iuepension.org

Federal Income Tax Withholding Election Form

Form Date 2/28/01

Instructions

- Please complete and return the following form to the address listed above.
- Your Withholding cannot be less than \$5.00 per month.
- The Pension Fund office cannot give advice on Federal Income Taxes, you should seek professional tax advice before making any decisions about your Tax Withholding.

Participant Information

Name _____ Social Security Number _____

Telephone (_____) _____

Address _____
Street City State Zip

Email Address _____

Withholding -- choose one

- DO NOT withhold Federal Income Tax from my Pension Benefit.
- Please withhold Federal Income Tax from my Pension Benefit. The amount I wish to have withheld each month is \$ _____. The amount cannot be less than **\$5.00 per month.**

Sign Below

Please make the above election or change of election.

Signature _____ Date _____