Payment Schedule Tax Withholding Change Form

ICMA RETIREMENT CORPORATION

1 Participant Information

Employer Plan Number **Employer Plan Name**

Social Security Number **Daytime Phone Number**

Area Code

Full Name of Participant

Last First M.I.

2 Tax Withholding Elections

ICMA-RC is required to withhold Federal and state income tax. Regardless of your withholding election, you are ultimately liable for payment of Federal and state income tax on your payment. If no withholding instructions are provided, ICMA-RC will withhold taxes according to the applicable required Federal and/or state rules. Please select whole percents only.

❒ Withhold **FEDERAL** income tax at the rate of _____ % ***OR*** ❒ no withholding

- If your payment schedule will last under 10 years, the minimum Federal withholding rate is 20% and you can NOT waive Federal withholding. Per IRS regulations, percents under 20% can not be processed.
- If your payment schedule will last 10 years or more, you may request a fixed percentage of Federal withholding or waive Federal withholding. If you do not provide any instructions, ICMA-RC will withhold Federal taxes according to IRS requirements, using a filing status of married claiming three exemptions.

❒ Withhold **STATE** income tax at the rate of _____ % ***OR*** ❒ no withholding

3 Signature and Certification

As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I have provided is correct.

Participant Signature: _____ Date: __ __ / __ __ / __ __ __ __

Please mail the completed form to:

ICMA Retirement Corporation
Attn: Records Management Unit
P.O. Box 96220
Washington, DC 20090-6220

or fax to 1-202-682-6439. If you fax the forms, you do NOT need to mail the original.