

Budd Company Retirees Help Line 1-888-345-2833

WITHHOLDING ELECTION FOR FEDERAL/STATE INCOME TAX FROM MONTHLY PENSION BENEFIT

INSTRUCTIONS: Federal law requires you to make a withholding election regarding your pension benefit. You can elect to have no withholding. If you fail to make any election, the law requires automatic withholding based on you being married and claiming three withholding allowances. Your election (or automatic withholding) will remain in effect until you change it.

Even if you elect not to have federal income tax withheld, you are responsible for payment of any federal income tax due. You also may be subject to tax penalties if your payments of estimated tax and/or withholding, if any, are not adequate. Complete your election by **initialing the one option** you elect. If electing option 1,2,3 or 4, supply the information that option requires. Sign and date your completed form in the space provided below.

FEDERAL TAX (Check one box)

With reference to my monthly pension benefit, I elect the following:

- 1 Withhold at the **married** rate with _____ allowances _____
Number Initial Here
- 2 Withhold at the **single** rate with _____ allowances _____
Number Initial Here
- 3 Withhold at the rate checked above **PLUS** an **ADDITIONAL** flat amount of \$ _____ per month. _____
Dollars Initial Here
- 4 Withhold **ONLY** a flat amount of \$ _____ per month. _____
Dollars Initial Here
- 5 **NO** withholding. _____
Initial Here

Signature

Print Name

STATE TAX (Check one box)

With reference to my monthly pension benefit, I elect the following:

- 1 Withhold at the **married** rate with _____ allowances _____
Number Initial Here
- 2 Withhold at the **single** rate with _____ allowances _____
Number Initial Here
- 3 Withhold at the rate checked above **PLUS** an **ADDITIONAL** flat amount of \$ _____ per month. _____
Dollars Initial Here
- 4 Withhold **ONLY** a flat amount of \$ _____ per month. _____
Dollars Initial Here
- 5 **NO** withholding. _____
Initial Here

()
Daytime Phone Number

Retiree/Beneficiary Social Security Number

ADDRESS INFORMATION

- New Home Address Home Address Verification Cancel Direct Deposit

Print Name Phone Number

Print Street Address

Print City, State, Zip Code

Retiree/Beneficiary Signature Effective Date Retiree/Beneficiary Social Security Number

RETURN COMPLETED FORM TO: BOS Benefits Center - BUDD
3149 Haggerty Hwy
Commerce Twp, MI 48390-1724
Fax No: 248-926-6806