

**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION  
PENSION PLAN FOR EMPLOYEES**

**State Income Tax Withholding Option**

**State of Residence** \_\_\_\_\_

You must complete one (1) withholding option, sign, date, and return the completed form to the UFCW Benefits Office.

1. <input type="checkbox"/> I elect to have <b>NO</b> State income tax withheld from my monthly pension payments.
<b>OR</b>
2. <input type="checkbox"/> I wish to have a total of \$_____ withheld from my monthly pension payment for State income tax purposes.
<b>OR</b>
3. <input type="checkbox"/> I wish to have _____% withheld from my monthly pension payment for State income tax purposes. ( <b>whole percentages only</b> )

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date