

**DISTRIBUTION ELECTION FORM  
IBEW NECA Conduit 401k Plan**

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

**Certification Instructions**

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PLAN ADMINISTRATOR**

The request for the above Participant is:  APPROVED  NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Plan Administrator: \_\_\_\_\_

**Please return this form to: IBEW-NECA Conduit 401(k) Plan, 2120 Hubbard Ave., Decatur, IL 62526-2871**



# TAX WITHHOLDING ELECTION FORM IBEW NECA Conduit 401k Plan

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PAYEE'S NAME	SOCIAL SECURITY NO.

**NOTE: Do not complete this form if you elect to have your vested account paid to you in a lump sum, unless it is a required minimum distribution. Refer to your Election Form to determine whether this form is required.**

Use this form to elect to have no federal income tax withheld from your distribution (**excluding eligible rollover distributions**) or to have additional amounts of tax withheld from your distribution. Whether or not you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. If you elect to have no amount withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient, particularly if you have other sources of income not subject to withholding (such as interest, dividends, taxable Social Security). If federal income tax is withheld from your distribution, state income tax, if applicable, will also be withheld and your distribution will be reduced by such amounts. If your state does not require mandatory state income tax withholding, you may elect to have state income tax withheld and your distribution will be reduced accordingly.

- **Periodic Payments** - If you do not return this form or fail to provide all required information and you elect annuity or installment payments for a period of 10 or more years, federal and any applicable state income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances.
- **Nonperiodic Payments (for Required Minimum Distributions and IRA Account Holders)** - If you do not return this form and elect a lump sum distribution, 10% federal and any applicable state income tax will be withheld from the taxable portion of your distribution.

Your tax withholding election will remain in effect until you cancel it. You may change or cancel your election at any time by requesting a new form by contacting John Hancock. You may obtain additional instructions and worksheets to assist you in completing this form by requesting the official IRS Form W-4P at 1-800-TAX-FORM or on the Internet at [www.irs.ustreas.gov](http://www.irs.ustreas.gov). You may want to seek the advice of a professional tax advisor prior to completing this form.

## I. ELECTION FOR WITHHOLDING

Elect One:

- A. I do not elect** to have federal or state income tax withheld from my distribution payments. (Skip Section II and sign Section III.)
- B. I elect** to have federal and/or state income tax withheld from my distribution payments. (Complete Option A or B in Section II and sign Section III.)

## II. TAX WITHHOLDING (Complete Option A if you want withholding based on marital status and allowances or Option B if you want withholding based on a flat dollar amount.)

Elect One:

- A. WITHHOLDING BASED ON MARITAL STATUS AND ALLOWANCES** - Withhold federal and applicable state income tax based on my marital status and number of allowances as indicated below. I understand that my marital status and number of allowances will be used to determine the amount of federal and applicable state income tax withheld from my payment and that if the amount of my payment is such that no tax withholding is required based on my election, no withholding will occur unless I indicate an additional dollar amount to be withheld.

**TAX WITHHOLDING ELECTION FORM**  
**IBEW NECA Conduit 401k Plan**

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<b>PAYEE'S NAME</b>	<b>SOCIAL SECURITY NO.</b>

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Marital Status:     Single     Married     Married, but withhold at higher Single rate

Total number of allowances: \_\_\_\_\_

Additional amount, if any, to be withheld for federal income tax: \$ \_\_\_\_\_

Flat dollar amount to be withheld for state income tax: \$ \_\_\_\_\_

**Note:** If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

**B. WITHHOLDING BASED ON A FLAT DOLLAR AMOUNT** - Withhold federal and state income tax as indicated below.

Amount to be withheld for federal income tax: \$ \_\_\_\_\_

Amount to be withheld for state income tax: \$ \_\_\_\_\_

**Note:** If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

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**III. SIGNATURE**

I certify that the information provided on this form is correct.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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