

NECA-IBEW Pension Trust Fund

2120 Hubbard Avenue • Decatur, IL 62526-2871
217-875-0254 • 800-765-4239 • Fax 217-875-9563



THIS PENSION BENEFIT APPLICATION PACKET IS FOR AN UNMARRIED PARTICIPANT

**IN ADDITION TO THE ITEMS INCLUDED IN THIS PACKET, THE FUND
OFFICE WILL ALSO NEED:**

- **A COPY OF THE MEMBER'S BIRTH CERTIFICATE**
- **A COPY OF ANY DIVORCE DECREES AND/OR SETTLEMENT AGREEMENTS FOR DIVORCE DATES THAT OCCURRED DURING THE TIME OF EMPLOYMENT IN THE ELECTRICAL INDUSTRY**
- **AN ORIGINAL PENSION BENEFICIARY CARD (THE ONE INCLUDED IN THIS PACKET IS A COPY AND IS NOT ACCEPTABLE. ORIGINAL BENEFICIARY CARDS CAN BE OBTAINED FROM THE FUND OFFICE OR SOME LOCAL UNION HALLS.)**

NECA-IBEW PENSION TRUST FUND
2120 Hubbard Ave. Decatur, IL 62526
BENEFIT APPLICATION AND CERTIFICATION

Requested Effective Date: _____

I hereby apply to the NECA-IBEW Pension Trust Fund for the following Pension Benefits, and being duly sworn under oath, state as follows: (Please mark only one).

- 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Normal Retirement
 Total Disability Ten Year Certain Early Retirement Death

A Participant's, or if applicable, a Beneficiary's or Alternate Payee's, form of payment benefit is irrevocable once benefit payments commence.

I submit and attach the following proofs to this application for:

- Normal or Early Retirement Benefits: Members Birth Certificate, Joint & Survivor Waiver Form, Bargaining Status Form.
- Joint and Survivor Retirement Benefits: Birth Certificate for member and spouse, copy of Marriage Certificate, Consent to Retroactive Annuity Starting Date, Bargaining Status Form.
- Disability Benefits: Members Birth Certificate, Medical Examiner's Report, Social Security Award, Bargaining Status Form.
- Pre-Retirement Death Benefits: Bargaining Status Form, Certified Copy of Death Certificate.
- Post Retirement Death Benefits: Certified Copy of Death Certificate.
- Ten Year Certain Benefit: Birth Certificate of member and Beneficiary, Bargaining Status Form, Joint & Survivor Waiver Form

I submit the following information on myself:

Name _____ Birthdate _____
Social Security No. _____ Local Union Affiliation _____
Street _____ City _____ State _____ Zip _____

I submit the following information on my Beneficiary:

Name _____ Birthdate _____
Social Security No. _____ Relationship _____
Street _____ City _____ State _____ Zip _____

Date _____ Signature _____
Applicant _____ Beneficiary _____

Subscribed and sworn to before me this day _____ month _____ day _____ year _____ Notary Public (SEAL)

UNION CERTIFICATION

Our records show that this applicant's last employer was or will be _____ and that he/she was employed from _____ to _____ immediately prior to this date of application. His/her last day of work was/will be _____.

Date _____ Signature _____ Title _____ Local # _____

FUND OFFICE USE ONLY - BENEFIT CALCULATION

A) Future Service Years of Credit _____	B) Early Retirement _____ x _____ % = \$ _____
Past Service _____ x \$2.00 = \$ _____	
Contributions _____ x _____ = \$ _____	C) Joint & Survivor _____ x _____ % = \$ _____
Contributions _____ x 3% = \$ _____ (6/1/03 thru 7/31/06)	
Contributions _____ x 2.5% = \$ _____ (8/1/06 thru 5/31/09)	D) Disability _____ x _____ % = \$ _____
Contributions _____ x 1.0% = \$ _____ (6/1/09 thru current)	Non credited Contributions \$ - _____ (6/1/03 thru current)
Contributions _____ x 2% = \$ _____ (1/1/17 thru current)	
TOTAL \$ _____	GROSS TOTAL MONTHLY BENEFIT: \$ _____

Benefits Approved/Denied Effective Date: _____ 1st Payment Date: _____ Date: _____ By: _____
(Revised 12-14-16)

JOINT & 100% SURVIVOR OPTION

The 100% Joint & Survivor benefits is **automatic**, provided the participant is married on the date benefit payments commence.

The participant has the right to waive the Joint & 100% Survivor option form of benefit provided the spouse agrees to the waiver, in writing.

If the participant and spouse **do not** waive the Joint & 100% Survivor benefit, it will provide a benefit for the life of the participant with a survivor benefit for the life of the surviving spouse. The surviving spouse benefit is 100% of the amount of the benefit provided to the participant during the participant's lifetime.

The Joint & 100% Survivor benefits provides a reduced monthly benefit based on age of the participant and spouse, at the time of retirement, calculated from the table of factors prepared by the Plan actuary.

A spouse is the participant's legal spouse at the time the participant commences receiving a retirement benefit. A spouse has automatic rights to the survivor's portion of the participant's pension unless there is a written waiver and spousal consent or unless all or a portion of the participant's benefit has been assigned to another party via a qualified domestic relations order.

If the retired employee's spouse should predecease the retired employee, the benefit will "pop up" and the retired employee will receive a monthly benefit for the remainder of his life equal to the benefit he would have received under the Normal, Early or Deferred Vested Retirement benefit.

JOINT & 50% SURVIVOR BENEFIT

In lieu of the Joint & 100% Survivor benefit, a participant may elect that his Normal, Early or Deferred Vested benefit be paid in the form of a Joint & 50% Survivor benefit by waiving, with spousal consent the Joint & 100% Survivor benefit.

The Joint & 50% Survivor benefit provides a reduced monthly benefit based on age of the participant and spouse calculated from the table of factors prepared by the Plan actuary.

The Joint & 50% Survivor benefit provides a monthly benefit to the retired employee for his life. Upon the retired employee's death, monthly benefits shall continue to the surviving spouse in an amount equal to 50% of the retired employee's monthly amount and shall continue for the life of the surviving spouse.

If the retired employee's spouse should predecease the retired employee, the benefit will "pop up" and the retired employee will receive a monthly benefit for the remainder of his life equal to the benefit he would have received under the Normal, Early or Deferred Vested Retirement benefit.

JOINT & 75% SURVIVOR BENEFIT

In lieu of the Joint & 100% Survivor benefit, a participant may elect that his Normal, Early or Deferred Vested benefit be paid in the form of a Joint & 75% Survivor benefit by waiving, with spousal consent the Joint & 100% Survivor benefit.

The Joint & 75% Survivor benefit provides a reduced monthly benefit based on age of the participant and spouse calculated from the table of factors prepared by the Plan actuary.

The Joint & 75% Survivor benefit provides a monthly benefit to the retired employee for his life. Upon the retired employee's death, monthly benefits shall continue to the surviving spouse in an amount equal to 75% of the retired employee's monthly amount and shall continue for the life of the surviving spouse.

If the retired employee's spouse should predecease the retired employee, the benefit will "pop up" and the retired employee will receive a monthly benefit for the remainder of his life equal to the benefit he would have received under the Normal, Early or Deferred Vested Retirement benefit.

The Joint & 50%, 75% and Joint & 100% Survivor benefits are approximately equal in value to each other and any other form of benefit under the Plan. The benefit option elected is irrevocable once pension benefits begin.

* If you choose a Joint & Survivor benefit you do not have to complete the Waiver of Joint & Survivor form. However, you will need to complete the Retroactive Annuity Starting Date portion at the bottom of this form.

Basic Data Card • NECA - IBEW Pension Trust Fund
 2120 Hubbard Avenue, Decatur, Illinois 62526-2871 • (217) 875-0254
 Instructions on reverse side.

Home Local Union No.	If you are working in another jurisdiction give participating Local Union No.	Social Security No.	
Name of Employee			
(Last)	(First)	(Middle)	
Residence Address			
(Street)			
(City)	(State)	(Zip)	
Home Phone No.			
(Area Code)	(Phone Number)		
Date of Birth		Union Initiation Date	
(Mo.)	(Day)	(Yr.)	
Name of Beneficiary (supersedes any and all Beneficiaries previously designated)			
1. Primary			
(Last)	(First)	(Middle)	(Relationship, if any)
2. Secondary			
(Last)	(First)	(Middle)	(Relationship, if any)
Employee's Signature	Date Signed		

List Address of Beneficiary(s) on reverse side of card.



Instructions

1. The reverse side of this card should be completed and **signed** by the employee participating in this Fund. Please print.
2. To change your beneficiary, you must complete a new basic data card. It is important to keep your beneficiary current.
3. Please enter your beneficiary and secondary beneficiary addresses below.

BENEFICIARY(S) ADDRESS:

Primary Beneficiary: _____

Secondary Beneficiary: _____

NECA-IBEW Pension Trust Fund

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BARGAINING STATUS FORM

Instructions: This form is to be completed by all applicants for pension benefits. Please send this along with the Benefit Application & Certification and other applicable information.

- I have always been a non-bargaining unit employee (see definition below)
- I have always been a bargaining unit employee.
- I have been both of the above. If so, please complete the following:

Years as non-bargaining unit employee - from _____ to _____.
(Not covered by the Bargaining Agreement)

Years as a bargaining unit employee - from _____ to _____.
(Covered by the Bargaining Agreement)

Signature of Applicant

Definition of Non-Bargaining Unit Employee

An employee who is not covered by the existing collective bargaining agreement with the Local Union and who is employed on a regular ongoing full time basis of 20 hours or more per week. ie; owners, secretaries, office employees, estimators, etc.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(Direct Deposit)

TO: NECA-IBEW PENSION TRUST FUND
 2120 HUBBARD AVE
 DECATUR, IL 62526
 PHONE: 800-765-4239 OR 217-875-0254
 FAX: 217-875-4651

I (we) hereby authorize NECA-IBEW Pension Trust Fund, thereafter called the Fund to initiate deposit entries to my (our) account indicated below. The depository named below, hereinafter called DEPOSITORY credit the same to account.

DEPOSITORY (Bank Name & Address)

NAME: _____

ADDRESS: _____

PHONE: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____ SAVINGS OR CHECKING
(CIRCLE ONE)

This authority is to remain in full force and effect until the Fund serves written notification to me (or us) of its termination.

PARTICIPANT'S NAME: _____

SOCIAL SECURITY #: _____

PHONE #: _____

DATE: _____ SIGNED: _____

(MEMBER)

ADDRESS: _____

DATE: _____ SIGNED: _____

(SPOUSE, IF APPLICABLE)

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RETIREMENT DECLARATION

I, _____ (Print Name), understand that the NECA-IBEW Pension Trust Fund's governing documents (including the NECA-IBEW Pension Trust Fund's Plan Document and Summary Plan Description) require that I **retire** in order to receive a retirement distribution (unless I qualify for a distribution option that is unrelated to my retirement).

I further understand that the Internal Revenue Service also requires that I "retire" within the meaning of the Internal Revenue Code in order to receive retirement benefits. In order to comply with the Internal Revenue Code and maintain its tax-exempt status under 401(a) of the Internal Revenue Code, I further understand that the NECA-IBEW Pension Trust Fund requires me to certify that my retirement is "*bona fide*."

Accordingly, I hereby certify and confirm that I have retired, and specifically and additionally certify and confirm that the following statements (per IRS rules and requirements) are true and correct:

- ✓ I have **withdrawn** from my occupation and have concluded my working career;
- ✓ I have **separated** from employment and service from my employer(s);
- ✓ I have **stopped** performing services for my employer(s) and have **not** simply had a reduction in the number of hours that I work;
- ✓ I **do not have an arrangement or understanding** with an employer(s) that contributes to the NECA-IBEW Pension Trust Fund that I will return to employment, and I am **not** on a leave of absence from a contributing employer; and
- ✓ I have **no expectation** of continued employment with a contributing employer or self-employment and confirm that I am **not** available for reemployment with any other contributing employer to the NECA-IBEW Pension Trust Fund.

SUBJECT TO PENALTIES OF PERJURY, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS AND REPRESENTATIONS SET FORTH HEREIN ARE TRUE, CORRECT, AND ACCURATE.

Participant (Signature)

Date: _____

NOTICE: Executing this Retirement Declaration does not preclude you from returning to work under any temporary waiver of the Pension Fund's Suspension of Benefits rules as long as you meet the conditions established by the Pension Fund pertaining to the temporary waiver.

**Withholding Certificate for
 Pension or Annuity Payments**

2021

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2021

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,100 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2021 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer will instead furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, *Child Tax Credit and Credit for Other Dependents*. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at www.irs.gov/W4App. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

- A Enter "2" for yourself **A** _____
- B Enter "1" if you will file as married filing jointly **B** _____
- C Enter "1" if you will file as head of household **C** _____
- D **Child tax credit.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **D** _____
- E **Credit for other dependents.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" **E** _____
- F **Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E **F** _____
- G Add lines A through F and enter the total here **G** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly** and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

1 Enter an estimate of your 2021 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1	\$ _____
2 Enter: $\left\{ \begin{array}{l} \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,800 \text{ if you're head of household} \\ \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$	2	\$ _____
3 Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4 Enter an estimate of your 2021 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items	4	\$ _____
5 Add lines 3 and 4 and enter the total	5	\$ _____
6 Enter an estimate of your 2021 other income not subject to withholding (such as dividends, interest, or capital gains)	6	\$ _____
7 Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8 Divide the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9 Enter the number from the Personal Allowances Worksheet , line G, on page 4	9	_____
10 Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, on page 1	10	_____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1 Enter the number from the Personal Allowances Worksheet , line G, on page 4 (or from line 10 above if you used the Deductions, Adjustments, and Additional Income Worksheet)	1	_____
2 Find the number in Table 1 on page 6 that applies to the LOWEST paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7"	2	_____
3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet	4	_____
5 Enter the number from line 1 of this worksheet	5	_____
6 Subtract line 5 from line 4	6	_____
7 Find the amount in Table 2 on page 6 that applies to the HIGHEST paying pension or job and enter it here	7	\$ _____
8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9 Divide line 8 by the number of payments remaining in 2021. For example, divide by 8 if you're paid every month and you complete this form in April 2021. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

NECA-IBEW Pension Trust Fund

2120 Hubbard Avenue • Decatur, IL 62526-2871
217-875-0254 • 800-765-4239 • Fax 217-875-9563



MAXIMUM BENEFIT TEST (Section 415 Limits)

To: Plan Participants Applying for Pension Benefits:

We have received your application for pension benefits. As part of the review process, we are required by federal law to perform certain tests. One of these tests is known as the maximum benefits test. Current provisions (called the Section 415 limits) of the Federal Income Tax Laws provide for maximum annual benefit limits. The maximum annual benefit test must be performed on an individual basis and cannot be performed until an individual actually retires. The regulations governing the calculation of the maximum annual benefits are very complex. If your benefits earned under the Plan exceed the maximum annual benefit allowed by law, the benefit must be reduced in order to avoid adverse tax consequences for both you and the Plan. If your monthly-earned benefits exceed the maximum limit, you may reduce the amount of the benefit through the election of the joint and survivor option offered by the Plan. Should you fail to elect an option that reduces your monthly benefits to an acceptable level, you will suffer a forfeiture of the amount of your earned benefit that exceeds the maximum benefit. The Plan is prohibited by law from paying any benefit exceeding the maximum benefit. Payment of a benefit in excess of the maximum benefit will result in the imposition of an excise penalty on the Pension Plan and an excise penalty (in addition to the ordinary income taxes) on you.

Are you covered by another qualified retirement Plan other than the NEBF and the IBEW?
Yes No If yes, please let us know the name, address and phone number of the Plan.

Name of other Plan

Phone #

Address

Also, please provide a statement from the plan showing the amount and form of your retirement benefit.

Signature of Plan Participant

Date

This letter needs to be completed and returned to the Fund Office before your pension can be started. Should you have any questions, please contact the Fund Office, extension 101.

Sincerely,
Administration Office
NECA-IBEW Pension Trust Fund

