

**STATE OF CALIFORNIA ELECTION FORM**

Complete Part I or Part II. **DO NOT COMPLETE BOTH PARTS.**

**PART I.** Complete No. 1 or 2

1. I want my withholding from each pension payment to be figured using the marital status and number of withholding allowances shown below:

Single                       Married                       Unmarried Head of Household

Number of allowances \_\_\_\_\_

**OR**

2. I want this amount withheld from each pension payment: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Pensioner or Survivor

\_\_\_\_\_  
Local/Reg.No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME HERE

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

**\*\*\* PART II FOR EXEMPT PURPOSES ONLY \*\*\***

**PART II.** Complete Part II only if you do not want to have California Personal Income Taxes withheld from your pension payments.

I elect not to have California income tax withheld from my pension. I understand that I can revoke this election at any time.

If you elect not to have tax withheld, you should be aware that your pension benefits are taxable income. You may be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

\_\_\_\_\_  
Signature of Pensioner or Survivor

\_\_\_\_\_  
Local/Reg.No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME HERE

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

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number (optional)

**(OVER)**

**RETURN FORM TO:** ILWU-PMA Benefit Plan  
1188 Franklin Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94109

FOR BENEFIT PLANS OFFICE USE ONLY:

- Home     Foreign  
 P O A     Guardian/Conservator