

March 1, 2023

RE: Carpenters Pension Trust Fund for Northern California Carpenters Annuity Trust Fund for Northern California Federal Income Tax Withholding

Dear Retiree/Beneficiary:

The Internal Revenue Code requires *automatic* federal income tax withholding from retirement payments if you are a U.S. citizen or hold a valid green card and live in and receive your benefits in a foreign country. According to our records, you may fit into that category and you *must* have federal income tax withheld from your checks.

Withholding will be determined assuming you are "Single or Married filing separately" with no adjustments. If you have already elected a greater amount, we will continue to withhold according to your existing election unless you instruct us otherwise.

If you have not previously done so and are not a U.S. citizen or a green card holder, you should inform us of that in writing and complete the attached Form W-8BEN if you reside in a country that has a tax treaty agreement with the United States. Different income tax rules apply to retirement payments paid to people who are not U.S. Citizens.

Please contact the Fund Office if you have any questions.

Benefit Services Department Email: benefitservices@carpenterfunds.com Phone: (510) 633-0333 or Toll Free at (888) 547-2054

Internal Revenue Service's Website: www.irs.gov

Sincerely, Boards of Trustees

Form	W-8BEN	Certificate of Foreign Stat States Tax Withholdin					
(Rev. C	ev. October 2021) For use by individuals. Entities must use Form W-8BEN-E. partment of the Treasury ernal Revenue Service Go to www.irs.gov/FormW8BEN for instructions and the latest information. Give this form to the withholding agent or payer. Do not send to the IRS.					OMB No. 1545-1621	
Do NC	OT use this form i	if:				Instead, use Form:	
• You	are NOT an indivi	dual				W-8BEN-E	
• You	are a U.S. citizen	or other U.S. person, including a resident alien	individual			W-9	
	are a beneficial over than personal set	wner claiming that income is effectively connec ervices)	ted with the conduct of	trade or business	within the Un	ted States	
• You	are a beneficial ov	wner who is receiving compensation for persor	nal services performed in	the United States		8233 or W-4	
• You	are a person actir	ng as an intermediary				W-8IMY	
		nt in a FATCA partner jurisdiction (that is, a Mo	odel 1 IGA jurisdiction w	vith reciprocity), ce	ertain tax acc	ount information may be	
Par	Identific	cation of Beneficial Owner (see instr	ructions)				
1		me of individual who is the beneficial owner 2 Country of citize					
3	Permanent resid	lence address (street, apt. or suite no., or rural	route). Do not use a P.C	D. box or in-care-	of address.		
	City or town, state or province. Include postal code where appropriate.				Country	Country	
4	Mailing address	(if different from above)			1		
	City or town, sta	or town, state or province. Include postal code where appropriate.					
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)						
6a	Foreign tax iden	tifying number (see instructions)	6b Check if FTIN not legally required				
7	Reference numb	8 Date of birth (MM-DD-YYYY) (see instructions)					
Part		f Tax Treaty Benefits (for chapter 3	purposes only) (see	instructions)			
9	,	the beneficial owner is a resident of within the meaning of the income ta					
	treaty between the United States and that country.						
10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Articl of the treaty identified on line 9 above to claim a % rate of withholding on (spec							
	Explain the addi	tional conditions in the Article and paragraph t	he beneficial owner mee	ts to be eligible for	r the rate of w	vithholding:	
Part	III Certific	ation					
Under pe	enalties of perjury, I decla	are that I have examined the information on this form and to the	best of my knowledge and belief	it is true, correct, and cor	mplete. I further ce	rtify under penalties of perjury that:	
		the beneficial owner (or am authorized to sign for the orm to document myself for chapter 4 purposes;	individual that is the benefi	cial owner) of all the i	income or proc	eeds to which this form	
	0	e 1 of this form is not a U.S. person;					
• This	form relates to:	•					
(a) in	come not effectively	connected with the conduct of a trade or business in	the United States;				
(b) in	come effectively cor	nnected with the conduct of a trade or business in the	United States but is not su	bject to tax under an	applicable inco	ome tax treaty;	
(c) th	e partner's share of	a partnership's effectively connected taxable income;	; or				
• •	·	realized from the transfer of a partnership interest sub	, ,				
		of this form is a resident of the treaty country listed on line 9 of		•	aty between the U	nited States and that country; and	
Furtherr	nore, I authorize this fo	r barter exchanges, the beneficial owner is an exemp rm to be provided to any withholding agent that has control the income of which I am the beneficial owner. I agree that	, receipt, or custody of the inco	me of which I am the be			
Sian	Here	I certify that I have the capacity to sign for the persor	n identified on line 1 of this f	orm.			
9-1	/ /						
		Signature of beneficial owner (or individual auth	orized to sign for beneficial	owner)	Date	(MM-DD-YYYY)	

Print name of signer