



**APPLICATION FOR WITHDRAWAL  
OF ACCUMULATED SHARE FOR PLAN PARTICIPANTS**

Mail back this entire Application after completing it. **This completed Application must be submitted to the Board of Trustees—no other type of Application is acceptable.**

- Make sure information is completed, signed and dated where applicable. **An incomplete application** will be denied.
- Be sure to sign and date the document. **Missing documentation will delay the processing of your Application.**
- If you are married, be sure that your Spouse signs and dates required documents and you submit a copy of your county filed marriage certificate.

Refer to your last quarterly statement or visit the Carpenter Fund's Participant Portal at [www.carpenterfunds.com](http://www.carpenterfunds.com) for your Accumulated Share balance. Knowing your balance can help you elect a payment form.

- **Your Application will take approximately 60 to 90 days to process.**
- **The Trust Fund does not provide for hardship withdrawals, nor can the Trust Fund “rush” the processing of your Application due to a hardship.**

If your Application is denied, you will receive a Notice of Denial from the Board of Trustees explaining the reason(s) for the denial. Note that you have the right to appeal a denial of your Application. The procedures are explained in the Notice of Denial.

If you have any questions or need assistance completing your Application, please contact the Trust Fund Office at (510) 633-0333, (888) 547-2054 (Toll Free) or [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com).

The Annuity Fund is a defined contribution money purchase retirement plan with benefits payable upon Retirement based upon the balance in your Account. Like the Carpenters Pension Plan, its primary purpose is to provide you with a source of income at retirement.

The Joint and 50% Survivor Annuity is the automatic form of payment if you are married. With this payment form, your Account balance is paid to an insurance company, which then pays a constant monthly benefit to you even if the total amount paid from the insurance company is greater than the total that was in your Account. If you pre-decease your Spouse, 50% of the monthly amount you were receiving will continue to your Spouse for the remainder of your Spouse's lifetime.

If single, or if married and you and your Spouse consent, other payment forms are available. These include:

- Fixed monthly or annual payments over your expected lifetime.
- Monthly Installment payments for a fixed period of years. (This is the payment form option displayed on your Combined Quarterly Statement.)
- Monthly or annual Installment payments of a fixed benefit amount.
- Annual installment payments based on a percentage of your Account balance.
- Quarterly Earned Net Interest payments following each quarterly valuation.
- Lump sum payment of your entire share. (This is the only option if your account balance is less than \$5,000).
- A one-time partial payment with the remaining balance remaining unpaid until you re-qualify.
- A rollover of your Account to another tax qualified retirement account (if your account balance is \$5,000 or more).

Please see the table below for more information on the payment options.

### Annuity Fund Payment Options Table

| Based on a \$200,000 Account Balance   |   |   |   |   |
|--|---|---|---|---|
| Payment Options                        | Amount of Payment   |   | Eligibility Conditions  | Financial Effect of Electing  |
|  | At Age 55   | At Age 62   |   |   |
| Life Annuity                           | \$896.67 per month  | \$1,057.59 per month  | Default form of payment for an unmarried Participant. If married, your Spouse must agree to this form of payment. | Calculation prepared using 3% interest rate and average life expectancy. Your actual monthly payment may differ from this example and would depend on your age and interest rate at the time of retirement. After your lifetime, no further benefits are payable.                                     |
| Joint & 50% Survivor Annuity           | \$828.36 per month (\$414.18 per month Survivor Annuity)        | \$961.45 per month (\$480.72 per month Survivor Annuity)        | Default form of payment for a married Participant.  | Calculation prepared using 3% interest rate and average life expectancies. Actual monthly payments may differ from this example and would depend on your age, your Spouse's age and interest rate at the time of retirement. After your and your Spouse's lifetimes, no further benefits are payable. |
| Joint & 75% Survivor Annuity           | \$797.96 per month (\$598.47 per month Survivor Annuity)        | \$919.65 per month (\$689.74 per month Survivor Annuity)        | Optional form of payment for a married Participant. Your Spouse must agree to this form of payment.               |   |
| Joint & 100% Survivor Annuity          | \$745.37 per month (\$745.37 per month Survivor Annuity)        | \$844.40 per month (\$844.40 per month Survivor Annuity)        |   |   |
| Lump Sum Payment                       | \$200,000   | \$200,000   |   | Assumed account balance based on reasonable estimates provided by the Plan Consultants for average work hours, years of service and average investment returns. Once distributed, no further benefits are payable by the Plan.  |
| Periodic Payments                      | \$1,102.43 per month for 240 months                             | \$1,102.43 per month for 240 months                             |   | Using the example of a \$200,000 account balance, assuming monthly payments over 20 years (240 months). Once distributed, no further benefits are payable by the Plan.  |
| Lump Sum followed by Periodic Payments | \$50,000 Lump Sum followed by \$826.82 per month for 240 months | \$50,000 Lump Sum followed by \$826.82 per month for 240 months |   | Using the example of a \$200,000 account balance, assuming a Lump Sum Payout of \$50,000, following by monthly payments over 20 years (240 months). Once distributed, no further benefits are payable by the Plan.  |

*This table contains generally applicable information, based on reasonable estimates provided by the Plan Consultants for age, age of spouse, average work hours, years of service and average investment returns. Your actual amounts may differ, depending on your age, your health status, your spouse's age (if married), health status and current interest rates at the time of your retirement among other factors. You have the right to request and be provided additional information regarding your specific benefits under the Plan, based on actual (rather than hypothetical) information.*

## **Notice of the Right to Defer Distribution of Your Individual Account**

You may defer distribution of your Individual Account until April 1 of the calendar year following the year you attain age 73. (Please see Question & Answer 29 on page 23 of the Summary Plan Description). As long as your Account remains active, it will continue to be credited with investment earnings/losses, adjusted for changes in market value of the Annuity Fund's investments and charged with a per capita Administrative Expense Charge each quarter (February 28, May 31, August 31, November 30). (Please see Question & Answer 9 on page 10 of the Summary Plan Description). The Administrative Expense Charge is calculated by taking the total of all non-investment expenses over the period, and dividing by the number of Individual Accounts in existence for that Quarter.

The Board of Trustees employs professional investment managers to invest the assets in your Individual Account. You may obtain a list of these investment managers and information about their fees and historical returns by requesting this information from the Fund Office in writing. Qualified Participants also have the option of selecting their own investment options from a select group of mutual funds. (Please see Question & Answer 15 on page 13 of the Summary Plan Description). To become a qualified Participant, you must participate in a special educational program where you can learn more about selecting your own investment options and the investment management fees associated with each investment option. Contact the Fund Office for more information regarding the educational program at Toll Free: (888) 547-2054, Direct Dial: (510) 633-0333 or [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com).

# Step 1




## Personal Information and Marital Status

Please print or type the information requested below.

### PARTICIPANT INFORMATION

|  |      |              |     |
|--|------|--------------|-----|
| NAME (Last, First, Middle)   |      | PHONE NUMBER |     |
| ADDRESS  | CITY | STATE        | ZIP |
| CFAO ID#, SOCIAL SECURITY #, or UBC ID#                                      |      | BIRTHDATE    |     |
| DATE YOU LAST WORKED OR WILL WORK IN THE BUILDING AND CONSTRUCTION INDUSTRY: |      |              |     |

### MARITAL STATUS

|  |  |                        |                |
|--|--|------------------------|----------------|
| <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b>   |  |                        |                |
|  Provide a copy of your county filed marriage certificate and provide Spouse's information below.   |  |                        |                |
| SPOUSE'S NAME (Last, First, Middle)  |  | SOCIAL SECURITY NUMBER |                |
| SPOUSE'S BIRTHDATE   |  | DATE OF MARRIAGE       |                |
| SPOUSE'S ADDRESS (if different from above)   |  | CITY                   | STATE      ZIP |
| <input type="checkbox"/> <b>Separated or</b> <input type="checkbox"/> <b>Divorced</b>  |  |                        |                |
|  If Separated or Divorced and you have not updated your Trust Fund records regarding your marital status, <b>provide a copy of your final court filed Dissolution of Marriage including a court filed Marital Settlement Agreement and a new Enrollment Form.</b> |  |                        |                |
| If your ex-spouse has claimed an interest in your Accumulated share, your benefits may be delayed. In such a case, we recommend you <b>provide the Trust Fund with a copy of any court order or judgement from the divorce proceeding that refers to your retirement benefits.</b>   |  |                        |                |
| <input type="checkbox"/> <b>Widowed</b>  |  |                        |                |
|  Provide a photocopy of your Spouse's death certificate.  |  |                        |                |

|                                   |  |
|-----------------------------------|--|
| <b>Participant Name (Printed)</b> | <b>CFAO ID, UBC Number or Social Security #:</b> |
|                                   |  |

Step 2

## Select Your Reason for Retirement

**I request withdrawal of my Accumulated Share Account for the following reason:**

**RETIREMENT REASON - A**

I have attained age 62, and no contributions have been made to my Individual Account for at least three consecutive months.

**Provide a copy of your county filed birth certificate, a copy of your passport or an original naturalization record as proof of your birth date.**

**RETIREMENT REASON - B**

I have not worked in Non-covered Employment<sup>1</sup> in either of the two 12-consecutive month periods immediately preceding my retirement and I have worked less than 300 hours of Prohibited Employment<sup>2</sup> in the Building and Construction Industry<sup>3</sup> in each of the two 12-consecutive month periods immediately preceding my retirement.

**Submit copies of your IRS 1040 Forms and all Employer issued IRS W-2s or the Social Security Detailed Covered Earnings Report for the last two full calendar years. Reports from Social Security must include a stamp of origin.**

➤ **List Your Current Employer:** \_\_\_\_\_  
**(If you are unemployed, please indicate that on this line.)**

**Please Note:** In some cases, you may be asked to provide a detailed job description from your current and/or prior employers in order to complete your Application.

**RETIREMENT REASON - C**

I am totally disabled and entitled to a Social Security Disability Benefit.

**Submit a copy of the approval letter issued by the Federal Social Security Administration that entitles you to a Social Security Disability Benefit or any other documents proving such entitlement to Social Security Disability.**

**RETIREMENT REASON - D**

I am in receipt of a pension from the Carpenters Pension Trust Fund for Northern California.

**RETIREMENT REASON - E**

My terminal illness has been determined through a medical examination by a qualified physician acceptable to the Board of Trustees, and because of my terminal illness, contributions to my Individual Account have ceased.

**Submit documentation from your physician with your medical prognosis including life expectancy or provide verification of your participation in a hospice program.**

**RETIREMENT REASON - F**

I have enlisted/drafted in the Armed Forces of the United States for full-time Active Duty and am entitled to USERRA rights.

**Submit enlistment/draft documentation.**

**RETIREMENT REASON - G**

I have reached my Required Beginning Date (April 1<sup>st</sup> following the year in which I reached age 73).

**Provide a copy of your county filed birth certificate, a copy of your passport or an original naturalization record as proof of your birth date.**

<sup>1</sup> "Non-covered Employment" means employment in the Building and Construction Industry on or after July 1, 1991, in the geographical jurisdiction of the Plan for an employer which does not have, or self-employment which is not covered by, a Collective Bargaining Agreement with the Union. (Section 1.24. of the Annuity Plan Rules and Regulations)

<sup>2</sup> "Prohibited Employment" means employment, either covered or Non-covered, after Retirement for wages or profit in the Building and Construction Industry\* in the 46 Northern California counties that will result in the suspension of Retirement benefits. The determination as to whether or not a type of Employment is prohibited shall be at the sole discretion of the Board of Trustees, or a Committee thereof, and as described and modified from time to time in the Plan's Prohibited Employment Policy. (Section 1.28. of the Annuity Plan Rules and Regulations).

<sup>3</sup> "Building and Construction Industry" means all building and construction and all heavy, highway and engineering construction, including but not limited to the construction, erection, alteration, repair, modification, demolition, addition or improvement in whole or in part of any building, structure, street (including sidewalk, curb and gutter), highway bridge, viaduct, railroad, tunnel, airport, water supply, irrigation, flood control and drainage system, sewer and sanitation project, dam, power-house, refinery, aqueduct, canal, river and harbor project, wharf, dock, breakwater, jetty, quarrying of breakwater or riprap stone, or any other operation incidental to such construction work, including renovation work, maintenance work, mill-cabinet or furniture manufacturing or repair work or installation of any modular systems or any other pre-manufactured materials preformed for any public or private employer.

|                                     |  |
|-------------------------------------|--|
| <b>Participant's Name (Printed)</b> | <b>CFAO ID, UBC# or Social Security #:</b> |
|                                     |  |

Step 3

Select Your Form of Payment

**If your Accumulated Share is less than \$5,000, benefits will be paid as a lump sum payment. (Go to page 7.)**

If you are unmarried, your Accumulated Share will be paid to you in the form of a single life annuity, unless you elect another form of benefit. It is your right to elect or waive this form of payment.

If you are married, your Accumulated Share will be paid to you in the form of a Joint and 50% Survivor Annuity, unless you and your Spouse elect another form of benefit. You and your Spouse have the right to elect or waive this form of payment.

Explanations of the terms and conditions of the single life annuity, the Joint and 50% Survivor Annuity, and the other payment forms are provided below.

**IF MARRIED – SPOUSE'S CONSENT IS REQUIRED ON PAGE 18**

**Instead of the single life annuity (if unmarried) or the Joint and 50% Survivor Annuity payment option (if married), both described on pages 2 and 9, I wish to waive my rights and have my Accumulated Share paid as follows:**

**INSTALLMENT PAYMENTS**

Completion of this section is not required if you chose to rollover your entire account.

**FIXED PAYMENT OVER MY EXPECTED LIFETIME:**

I elect to have my account distributed to me in (select monthly or annual)

- Monthly** installments over my expected lifetime.  **Annual** installments over my expected lifetime.

**I understand that the number of benefit payments that I will receive is not certain, and that my election of this option does not guarantee that my actual benefit payments will last my entire lifetime.** I further understand that while payments are being made from my Accumulated Share, my unpaid account balance will continue to share in investment earnings and/or losses and expenses of the Trust Fund. **This may reduce or increase the number of installment payments that I receive.** If my Accumulated Share depletes prior to my death, no additional payments will be made. In the event of my death, any unpaid balance will be available to my Beneficiary(ies).

**FIXED BENEFIT AMOUNT:**

After an initial payment of \$ \_\_\_\_\_ (Enter a number of \$0 or greater and select one of the following):

I elect to have my account distributed to me in (select one):

- Monthly** Installments of \$ \_\_\_\_\_ until my Account has been depleted.
- Annual** Installments of \$ \_\_\_\_\_ until my Account has been depleted.

**FIXED PERIOD OF TIME:**

- I elect to have my account distributed to me in monthly installments over 20 years as shown on my most recent Quarterly Statement.
- After an initial payment of \$ \_\_\_\_\_, I elect to have my account distributed to me in monthly installments over a period of \_\_\_\_\_ years or until my account balance depletes, whichever comes first.

**I understand that the amount of monthly installments adjusts annually based on the remaining balance in my Account.**

| Participant's Name (Printed) | CFAO ID, UBC# or Social Security #: |
|------------------------------|-------------------------------------|
|                              |                                     |

**ROLLOVERS:**

Direct Rollover into a Traditional IRA or an Eligible Retirement Plan that Accepts Rollovers

*In addition to selecting an option below, **also complete page 8 if electing a Direct Rollover.***

- I elect to rollover my entire Accumulated Share Account.
- I elect to rollover the amount of \$ \_\_\_\_\_ from my Accumulated Share Account. My remaining balance will remain unpaid until I re-qualify to withdraw it.
- I elect to rollover the amount of \$ \_\_\_\_\_ from my Accumulated Share Account and the remaining balance paid in Installment Payments. **Complete the "Installment Payments" section on page 6.**
- After a **lump sum** payment paid to me from my Accumulated Share Account in the amount of \$ \_\_\_\_\_, I elect to rollover the remainder of my Accumulated Share.

**QUARTERLY NET INTEREST EARNINGS**

- Following an initial lump sum payment of \$ \_\_\_\_\_, I elect to have the interest earned on the remainder of my Accumulated Share Account paid to me thereafter following each quarterly valuation of the Trust Fund in which a gain is posted.

**I understand that if a quarterly valuation determines that the Annuity Fund experienced a loss, then no quarterly payment will be made for that valuation.** I further understand that any remaining balance will be paid in accordance with IRS minimum distribution requirements on and after the earlier of: (1) the Valuation Date immediately before my Required Beginning Date, or (2) the Valuation Date immediately following the last full payment I receive.

**LUMP SUM PAYMENTS**

- I elect to have a partial payment from my Accumulated Share Account in the amount of \$ \_\_\_\_\_, with the remaining balance remaining unpaid until I re-qualify to withdraw it.
- I elect to have a Lump Sum of my entire Accumulated Share Account paid to me. **(This is your only payment option if your Accumulated Share is less than \$5,000.)**

**Self-Directed Accounts:** If all or part of your Individual Account is Self-Directed and held at John Hancock Retirement Plan Services, funds will be transferred from your Self-Direct John Hancock Retirement Services account, to the Carpenters Annuity Trust Fund to satisfy your payment request, provided you qualify for withdrawal due to Retirement at this time.

Please contact the Trust Fund Office if you desire any other action.

**Instructions for a Transfer of Eligible Rollover**

**PLEASE MAKE PAYMENT OF MY BENEFITS ON MY BEHALF TO:**

\_\_\_\_\_  
Name of Receiving Investment Facility

\_\_\_\_\_  
Account Number

**A copy of the “eligible” transfer/rollover request from your investment facility must be included with this Application. The following information must be included in the rollover acceptance letter from the investment facility:**

- **Addressed to the Carpenters Annuity Trust Fund for Northern California;**
- **The investment facility tax identification number;**
- **Dated signatures of both an agent for the investment facility and the Participant; and**
- **Any specific mailing instructions.**
- **Type of account receiving rollover.**

**CERTIFICATION**

If you have elected a Direct Rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a Direct Rollover, named above, is a traditional IRA or an eligible retirement plan that accepts rollovers. I understand that payment of my benefits to the Trustee of the traditional IRA or eligible retirement plan that accepts rollovers will release the Trustees of the Carpenters Annuity Trust Fund for Northern California from any further obligations or responsibilities with respect to the benefits paid.

\_\_\_\_\_  
**Participant’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Participant Name**

\_\_\_\_\_  
**CFAO ID#, Social Security #, or UBC ID#**

\_\_\_\_\_  
**Spouse’s Signature**

\_\_\_\_\_  
**Date**



|                                     |  |
|-------------------------------------|--|
| <b>Participant's Name (Printed)</b> | <b>CFAO ID, UBC# or Social Security #:</b> |
|                                     |  |

**ANNUITY PURCHASE FROM AN INSURANCE COMPANY ELECTION FORM**

Unless you elect otherwise, if your accumulated share account is more than \$5,000, you will automatically receive your benefit as a single life annuity if you are unmarried or as a Joint and 50% Survivor Annuity if you are married. If you (or you and your Spouse if you are married) elect to exercise your right to the single life annuity or the Joint and 50% Survivor Annuity, your Accumulated Share Account will be paid to you as an annuity from an insurance company. These are the only forms of payment under the terms of the Plan guaranteed to provide benefit payments to you for the rest of your life (and your Spouse's life if you are married).

Please see examples on page 2 of what the single life annuity and the Joint and 50% Survivor Annuity might look like for various combinations of age, Spouse's age, assumed interest rate and mortality assumptions. To get a quote for your actual circumstances, you can request a quote.

If you would like to receive a quote for the Insured Annuity Payment Option, complete the Annuity Payment Options Election Form below:

- Your request will be sent to the insurance company. The insurance company will calculate the estimated monthly Annuity benefit amount.
- The Annuity Estimate Form will be sent to you for review and your decision whether or not to accept the proposal.
- If you choose to proceed with this option, your entire Accumulated Share will be paid to the insurance company to purchase the Annuity benefit and the exact monthly payment amount will then be determined.
- **Please note that once the Annuity has been purchased, your election is irrevocable and cannot be changed.**

Upon election of one of the two options below, estimates of your monthly benefit will be provided.

**JOINT AND SURVIVOR ANNUITY:** If you die before your legal spouse, payment will continue to your legal spouse in an amount equal to (circle one) 50%, 75% or 100% of your monthly benefit for the lifetime of your spouse. **Please Note:** This option is not available to you if you are a Surviving Spouse, Alternate Payee or Beneficiary. If you elect one of these options, please provide the following information about your Spouse:

| Name of Spouse | Birthdate | Sex | Social Security Number |
|----------------|-----------|-----|------------------------|
|----------------|-----------|-----|------------------------|

**LIFE ANNUITY:** Equal monthly payments beginning at your retirement and continuing for your lifetime.

## Step 4

# Read: Special Notice Regarding Plan Payments

### **YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the Carpenters Annuity Trust Fund for Northern California (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information about Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### **GENERAL INFORMATION ABOUT ROLLOVERS**

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

#### **What types of retirement accounts and plans may accept my rollover?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover.

The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment distributed to you for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire pre-tax amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

#### **How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Required minimum distributions after age 70½ (or after death);
- Hardship distributions;
- ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends);
- Cost of life insurance paid by the Plan;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution; and
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

#### **If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must report as part of your taxable income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the

following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made due to disability;
- Payments after your death;
- Payments of ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses that exceed 7.5% of your adjusted gross income (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days; Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution;
- Payments for certain distributions relating to certain federally declared disasters; and
- Phased retirement payments made to federal employees.

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you do a rollover to an IRA and then receive a payment from an IRA while you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must report as taxable income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation

agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).

- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over and the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental Section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

#### **If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

#### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the outstanding amount of the loan, typically when your employment ends. The offset amount is treated as a distribution to you at the time of the offset.

Generally, you may roll over all or any portion of the offset amount. Any offset amount that is not rolled over will be taxed (including the 10% additional income tax on early distributions, unless an exception applies). You may roll over offset amounts to an IRA or an employer plan (if the terms of the employer plan permit the plan to receive plan loan offset rollovers).

How long you have to complete the rollover depends on what kind of plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax

return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a plan loan in good standing is offset because your employer plan terminates, or because you sever from employment. If your plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

#### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

#### **If your payment is from a governmental section 457(b) plan**

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA).

However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

#### **If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

#### **If you roll over your payment to a Roth IRA**

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

#### **If you do a rollover to a designated Roth account in the Plan**

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you can roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account.

However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

#### **If you are not a Plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice.

However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

#### **If you are a surviving spouse**

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

#### **If you are a surviving beneficiary other than a spouse.**

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for

claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cash out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cash out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of

a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

## Step 5

## Sign Up for Direct Deposit

The undersigned hereby authorizes the Carpenters Annuity Trust Fund for Northern California to make credit entries, and *if necessary, to make debit entries as adjustments for any credit in error*, to my bank account indicated below. I also authorize accordingly my financial institution indicated below to credit and/or debit the same to such account.

**Authorization Information:** I hereby authorize Carpenters Annuity Trust Fund for Northern California to directly deposit my benefit payment(s) via electronic funds transfer into my:

- Checking Account (You must attach below a voided check from your checking account.)  
 Savings Account (You must attach below a deposit slip with routing number from your savings account.).

PLEASE NOTE: If you do not have the required documents to attach below, you can provide a bank stamp from your financial institution indicating your name, account number, routing number and the type of account (checking or savings).

This authority is to remain in full force and effect until the Carpenters Annuity Trust Fund for Northern California has received written notification from me of its termination in such time and in such manner as to afford the Trust Fund Office and my Financial Institution a reasonable opportunity to act on it.

### Account Information

Attach a voided check or deposit slip from your financial institution indicating your account number, routing number and the type of account (checking or savings).

The diagram illustrates how to extract account information from two types of documents: a check and a deposit slip. On the left, a check form is shown with labels for 'Bank Routing Number' (0123456789), 'Bank Account Number' (012345678901234), and 'Check Number' (0123). On the right, a deposit slip is shown with labels for 'Bank Routing Number' (0123456789) and 'Bank Account Number' (012345678901234). A large 'Sample' watermark is overlaid on the diagrams.

### PLEASE READ THIS CAREFULLY

All information on this form is required. The information is confidential, needed to prove entitlement to payment and will be used to process payment data from the Carpenters Annuity Trust Fund to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

#### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS:

Joint account holders should immediately advise both the Carpenters Annuity Trust Fund and the financial institution of the death of a retiree. Funds deposited after the date of death or ineligibility are to be returned to the Annuity Fund. The Carpenters Annuity Fund will then make a determination regarding the survivor rights, calculate survivor benefit payments, if any, and begin payments. Under the terms of the Annuity Plan and the Trust Agreement establishing the Annuity Fund, the Trustees are entitled to recover any and all overpayments of Annuity benefits from the retiree, the beneficiary and/or the estate of the retiree. In the event that the Annuity Fund is not timely notified of the retiree's death,

the Annuity Fund will have no alternative but to recover any amounts overpaid from the retiree's estate or beneficiaries.

**CANCELLATION:** The agreement represented by this authorization remains in effect until cancelled by the recipient by written notice to the Carpenters Annuity Trust Fund or by death or legal incapacity of the recipient.

#### CHANGING RECEIVING FINANCIAL INSTITUTIONS:

The payee's Direct Deposit will continue to be received by the selected financial institution until the Carpenters Annuity Trust Fund is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Form for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

#### FALSE STATEMENTS OR FRAUDULENT CLAIMS:

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## Step 6

## Signature(s) Section

If you are applying under Reason for Retirement, Option B on Step 2, you are certifying under penalty of perjury, that subject to the Plan's Prohibited Employment Rules and Policies, you have worked less than 300 hours of Prohibited Employment within the Building and Construction Industry<sup>4</sup> and no hours of work in Non-Covered Employment in each of the two 12-consecutive month periods immediately preceding my retirement. 📄 **You must enclose tax records for the last two full calendar years.**

With this Application you acknowledge that you have provided all requested information and wish to apply for Withdrawal of your Accumulated Share Account at this time and have read and understand this application for withdrawal, including the "Notice of [your] Right to Defer Distribution of [your] Individual Account."

You understand that any fraudulent information or proof that you furnish with this Application will be sufficient reason for denial, suspension or discontinuance of benefits from the Plan, except such benefits as are non-forfeitable, and that in any case the Board of Trustees has the right to recover any benefit payments made in reliance on this application. You further understand that if you disagree with the action taken on this application, you may request a review of such action by the Board in accordance with Section 5 of the Plan.

### **Your Acknowledgement of Tax Liability**

As part of your application to withdraw money from your Accumulated Share, you must acknowledge that there may be tax consequences involved with your withdrawal. Please read the following statements. Your signature acknowledges that you have read and understand the following statements and understand the following:

- The Carpenters Annuity Trust Fund for Northern California ("Fund") is a defined contribution pension plan.
- I understand that there may be tax consequences involved when I withdraw money from my Accumulated Share.
- I understand that I am solely responsible for the payment of all taxes and/or tax penalties associated with my withdrawal from my Accumulated Share Account and hold the Fund harmless for any taxes and/or penalties that I may owe as a result of my withdrawal. Additionally, I have reviewed the Special Notice Regarding Plan Payments and understand that this Notice is not tax advice and it is my responsibility to seek tax advice from a qualified tax advisor.

### **Continued on Next Page**

<sup>4</sup> "Building and Construction Industry" means all building construction and all heavy, highway and engineering construction, including but not limited to the construction, erection, alteration, repair, modification, demolition, addition or improvement in whole or in part of any building, structure, street (including sidewalk, curb and gutter), highway, bridge, viaduct, railroad, tunnel, airport, water supply, irrigation, flood control and drainage system, sewer and sanitation project, dam, power-house, refinery, aqueduct, canal, river and harbor project, wharf, dock, breakwater, jetty, quarrying of breakwater or riprap stone, or any other operation incidental to such construction work, including renovation work, maintenance work, mill-cabinet or furniture manufacturing or repair work or installation of any modular systems or any other pre-manufactured materials preformed for any public or private employer. (Section 1.10. of the Annuity Plan Rules and Regulations)



- I understand that the Fund may be required by law to withhold Federal income tax from certain types of withdrawals that I may make from the Fund.
- I understand that I may voluntarily request that additional Federal income taxes be withheld above and beyond the amount that the Fund is required to withhold by law.
- I understand that, when the Fund does withhold taxes, such tax withholding may not satisfy my entire tax liability and that I may owe additional Federal, and/or State, and/or Local taxes and/or possible tax penalties.
- I understand that, even though Federal taxes may be withheld, I may owe additional Federal, and/or State, and/or Local taxes and/or possible tax penalties.
- I understand that it is solely my responsibility to satisfy my tax and tax penalty obligations associated with my withdrawal from my Accumulated Share.
- I understand that it is also my responsibility to seek appropriate advice from a qualified tax advisor.

---

**Participant's Signature**

**Date**

---

**Print Name**

**CFAO ID No., or Social Security No., or UBC No.**

***IF MARRIED YOUR SPOUSE MUST COMPLETE THE FOLLOWING SPOUSE'S CONSENT FORM.***

|                                     |  |
|-------------------------------------|--|
| <b>Participant's Name (Printed)</b> | <b>CFAO ID, UBC# or Social Security #:</b> |
|                                     |  |

**SPOUSE'S CONSENT FORM**

Unless you and the Participant choose otherwise, Annuity Plan benefits will automatically be paid in the form of a Joint and 50% Survivor Annuity, which provides a lifetime benefit for you if the Participant dies. In addition, you are automatically named Beneficiary for any death benefits from the Annuity Plan. These are your rights. However, you may waive your rights, or a portion of them, and consent to the choice of other payment options.

This is a very important decision. You should think very carefully about whether you want to sign this agreement. Before signing, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive. Information on the types of retirement benefits available from the Plan is contained throughout this retirement application. If you have not seen this information, you should read and review it before you sign this agreement.

**IF YOU DO NOT AGREE TO WAIVE YOUR RIGHTS TO THESE BENEFITS, DO NOT SIGN THIS FORM.**

I, \_\_\_\_\_ (Spouse's Printed Name), declare under penalty of perjury under the laws of the State of California that I am the legal spouse of the Participant named in this document. I understand that it is my right to consent to my spouse's decision to waive the Joint and 50% Survivor Annuity in favor of another form of payment. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the Joint and 50% Survivor Annuity payment form. I understand that by signing this agreement, I may receive less money than I would have received under the Joint and 50% Survivor Annuity payment form and I may receive nothing after my spouse dies depending on the payment form or beneficiary (if applicable) that my spouse chooses.

|  |  |
|--|--|
| <b>SPOUSE'S CONSENT OF PARTICIPANT'S PAYMENT OPTION ELECTION</b> |  |
| <u>      </u><br><b>Initial</b>                                  | I consent to my Spouse's election to waive the Joint and 50% Survivor Annuity option described on pages 2 and 9. |

|  |  |
|--|--|
| <b>SPOUSE'S CONSENT FOR FUTURE CHANGES TO PARTICIPANT'S INSTALLMENT PAYMENTS ELECTION:</b> |  |
| <b>Choose only one statement and <u>initial</u>.</b>                                       |  |
| <u>      </u><br><b>Initial</b>  | My Spouse's payment option election may not be changed again in the future without my notarized consent. |
| <b>OR</b>  |  |
| <u>      </u><br><b>Initial</b>  | I consent to my Spouse changing his or her payment option election in the future without my consent.     |

**SPOUSE'S DATED SIGNATURE MUST BE WITNESSED BY A NOTARY PUBLIC OR A CARPENTERS ANNUITY TRUST FUND FOR NORTHERN CALIFORNIA REPRESENTATIVE.**

|  |             |  |
|--|-------------|--|
| <b>Spouse's Notarized Signature<br/>(Please sign in presence of a Notary Public who will complete page 19)</b> | <b>Date</b> | <b>Spouse's Social Security Number</b> |
|--|-------------|--|

**NOTARY PUBLIC ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ Notary Public,  
Month/Day/Year Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_,  
Name(s) of Document Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/ she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which their person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Place Notary Seal Above

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

**- OR -**

**WITNESSING TRUST FUND REPRESENTATIVE**

\_\_\_\_\_  
Printed Name and Signature of Annuity Trust Fund Representative Date

\_\_\_\_\_  
Identification Provided

You have reached the end of your Application for Withdrawal. **Please review your Application to ensure that you have completed all required items and included all required documents.** Should you have any questions regarding your Application please contact Benefit Services at (888) 547-2054 or [benefitservices@carpenterfunds.com](mailto:benefitservices@carpenterfunds.com). Mail completed applications to:

**Carpenters Annuity Trust Fund for Northern California  
PO Box 2380  
Oakland CA 94614-0380**

## **Step 7** **Optional: Elect Tax Withholding**

On the following pages, we've included the following forms for your convenience if you would like to elect specific withholding from your benefit payment(s) if your request for withdrawal is approved:

- **W4-R Withholding Certificate for Nonperiodic Payments** – Applicable to lump sum payments, or payments lasting less than 10 years.
- **W4-P Withholding Certificate for Periodic Payments** lasting more than 10 years –Completion of this form is **recommended.**
- **DE-4P Withholding Certificate for State Tax** withholding for California residents

Note: Your election of a particular payment form may affect how much money must be withheld from your payment(s) and your tax liability. The Fund Office cannot advise you on these matters and you should consult with a person tax advisor with any questions.

|   |           |                                  |
|---|-----------|----------------------------------|
| <b>1a</b> First name and middle initial | Last name | <b>1b</b> Social security number |
|---|-----------|----------------------------------|

Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

|   |          |   |
|---|----------|---|
| <b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . . | <b>2</b> | % |
|---|----------|---|

|                  |   |  |
|------------------|---|--|
| <b>Sign Here</b> | <p style="text-align: center;">_____<br/><b>Your signature</b> (This form is not valid unless you sign it.)</p> | <p style="text-align: center;">_____<br/><b>Date</b></p> |
|------------------|---|--|

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** 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. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2025 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

| <b>Single or Married filing separately</b> |                                       | <b>Married filing jointly or Qualifying surviving spouse</b> |                                       | <b>Head of household</b>  |                                       |
|--|---------------------------------------|--|---------------------------------------|---------------------------|---------------------------------------|
| <i>Total income over—</i>                  | <b>Tax rate for every dollar more</b> | <i>Total income over—</i>                                    | <b>Tax rate for every dollar more</b> | <i>Total income over—</i> | <b>Tax rate for every dollar more</b> |
| \$0  | <b>0%</b>                             | \$0  | <b>0%</b>                             | \$0                       | <b>0%</b>                             |
| 15,000                                     | <b>10%</b>                            | 30,000   | <b>10%</b>                            | 22,500                    | <b>10%</b>                            |
| 26,925                                     | <b>12%</b>                            | 53,850   | <b>12%</b>                            | 39,500                    | <b>12%</b>                            |
| 63,475                                     | <b>22%</b>                            | 126,950  | <b>22%</b>                            | 87,350                    | <b>22%</b>                            |
| 118,350                                    | <b>24%</b>                            | 236,700  | <b>24%</b>                            | 125,850                   | <b>24%</b>                            |
| 212,300                                    | <b>32%</b>                            | 424,600  | <b>32%</b>                            | 219,800                   | <b>32%</b>                            |
| 265,525                                    | <b>35%</b>                            | 531,050  | <b>35%</b>                            | 273,000                   | <b>35%</b>                            |
| 641,350*                                   | <b>37%</b>                            | 781,600  | <b>37%</b>                            | 648,850                   | <b>37%</b>                            |

\* If married filing separately, use \$390,800 instead for this 37% rate.

# Withholding Certificate for Periodic Pension or Annuity Payments

# 2025

Give Form W-4P to the payer of your pension or annuity payments.

**Step 1:**  
**Enter Personal Information**

|   |           |                            |
|---|-----------|----------------------------|
| (a) First name and middle initial   | Last name | (b) Social security number |
| Address   |           |                            |
| City or town, state, and ZIP code   |           |                            |
| (c) <input type="checkbox"/> Single or Married filing separately  |           |                            |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse  |           |                            |
| <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |                            |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2:**  
**Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ \_\_\_\_\_

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ \_\_\_\_\_

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ \_\_\_\_\_

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3:** If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

|  |   |          |                   |
|--|---|----------|-------------------|
| <b>Claim Dependent and Other Credits</b> | Multiply the number of qualifying children under age 17 by \$2,000  | \$ _____ |                   |
|  | Multiply the number of other dependents by \$500 . . . . .  | \$ _____ |                   |
|  | Add other credits, such as foreign tax credit and education tax credits   | \$ _____ |                   |
|  | Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . |          | <b>3</b> \$ _____ |

**Step 4 (optional): Other Adjustments**

|  |             |          |
|--|-------------|----------|
| (a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . . . | <b>4(a)</b> | \$ _____ |
| (b) <b>Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .   | <b>4(b)</b> | \$ _____ |
| (c) <b>Extra withholding.</b> Enter any additional tax you want withheld from <b>each payment</b> . . . . .  | <b>4(c)</b> | \$ _____ |

**Step 5:**  
**Sign Here**

|  |             |
|--|-------------|
| <b>Your signature</b> (This form is not valid unless you sign it.) | <b>Date</b> |
|--|-------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**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](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** 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. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, 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 social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

### Specific Instructions (continued)

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

### Step 4(b)—Deductions Worksheet (Keep for your records.)



|   |   |   |  |   |   |          |
|---|---|---|--|---|---|----------|
| 1 | Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 . . . . .  | 1 | \$ _____   |   |   |          |
| 2 | Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .   | { | <ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul> | } | 2 | \$ _____ |
| { | <ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>  | } |  |   |   |          |
| 3 | If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .  | 3 | \$ _____   |   |   |          |
| 4 | If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> <li>• \$2,000 if you're single or head of household.</li> <li>• \$1,600 if you're married filing separately.</li> <li>• \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.</li> <li>• \$3,200 if you're married filing jointly and both of you are age 65 or older.</li> </ul> Otherwise, enter "-0-". See Pub. 505 for more information . . . . . | 4 | \$ _____   |   |   |          |
| 5 | Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .  | 5 | \$ _____   |   |   |          |
| 6 | <b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .  | 6 | \$ _____   |   |   |          |

**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 pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change 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). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing 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 territories 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.





# Withholding Certificate for Pension or Annuity Payments

|   |                |   |
|---|----------------|---|
| First, Middle, Last Name                        |                | Social Security Number  |
| Home Address (Number and Street or Rural Route) |                | Claim or Identification Number (if any) of Your Pension or Annuity Contract |
| City  | State ZIP Code |   |

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
  - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a \_\_\_\_\_
  - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b \_\_\_\_\_

Single or Married (with two or more incomes)
Married (one income)
Head of Household
3. I want the following additional amount withheld from each pension or annuity payment. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above. ▶ \$ \_\_\_\_\_
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ \_\_\_\_\_

Your Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Cut Here

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

**Note: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.**

This form DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
  - (a) The number of allowances and marital status specified.
  - (b) A designated dollar amount.
- (4) Update the DE 4P previously filed.

**Withholding from Pensions and Annuities:** Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Included in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments that do not require a DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether a DE 4P is required.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

**Methods of Withholding:** The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.

- (3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26/3405). Payee completes line 4 above.

**Completing the Form:** Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

**Line 1, Exemption from Withholding:** Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

**Caution:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

**Revoking the Exemption from Withholding:** If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

**Line 2, Withholding Based on Specified Withholding**

**Allowances:** If you want withholding to be calculated based on a specified number of allowances, write the number on line 2, and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

**Line 3, Multiple Pensions or More than One Income:** Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

**Line 4, Withholding a Designated Dollar Amount:** Indicate dollar amount you want withheld on this line instead of claiming withholding allowances.

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

### Worksheet A

### Regular Withholding Allowances

- |  |           |
|--|-----------|
| A) Allowance for yourself — enter 1.   | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1.             | (B) _____ |
| C) Allowance for blindness — yourself — enter 1.   | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1. | (D) _____ |
| E) Allowances for dependents — do not include yourself or your spouse.                         | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P.                  | (F) _____ |

## Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances.

Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### Worksheet B

### Estimated Deductions

- |  |              |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540.  | 1. \$ _____  |
| 2. Enter \$11,080 if unmarried head of household or qualifying widow(er) with dependents.<br>\$11,080 if married filing jointly with two or more allowances.<br>\$5,540 if single, dual income, married, or married with multiple employers.<br>\$5,540 if married filing separately or married with "0" or "1" allowance. | 2. \$ _____  |
| 3. Subtract line 2 from line 1, enter difference.  | 3. \$ _____  |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits).   | 4. \$ _____  |
| 5. Add line 4 to line 3 and enter the sum.   | 5. \$ _____  |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts).  | 6. \$ _____  |
| 7. If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference.  | 7. \$ _____  |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number.<br>Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed.  | 8. \$ _____  |
| 9. If line 6 is greater than line 5,<br>enter amount from line 6 (nonwage income).   | 9. \$ _____  |
| 10. Enter amount from line 5 (deductions).   | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference.  | 11. \$ _____ |

### Complete Worksheet C

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the [Family Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

**Worksheet C Tax Withholding and Estimated Tax**

1. Enter estimate of total wages for tax year 2025. 1. \$ \_\_\_\_\_
2. Enter estimate of nonwage income from line 6 of Worksheet B. 2. \$ \_\_\_\_\_
3. Add line 1 and line 2 and enter the sum. 3. \$ \_\_\_\_\_
4. Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. 4. \$ \_\_\_\_\_
5. Enter adjustments to income from line 4 of Worksheet B. 5. \$ \_\_\_\_\_
6. Add line 4 and line 5 and enter the sum. 6. \$ \_\_\_\_\_
7. Subtract line 6 from line 3 and enter the difference. 7. \$ \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2025 tax rate schedules below. 8. \$ \_\_\_\_\_
9. Enter personal exemptions from line F of Worksheet A x \$149. 9. \$ \_\_\_\_\_
10. Subtract line 9 from line 8 and enter the difference. 10. \$ \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540) 11. \$ \_\_\_\_\_
12. Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. 12. \$ \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2025. Contact the payer to request the amount that will be withheld on your wages based on the tax filing status and number of withholding allowances you will claim for 2025. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2025. 13. \$ \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. 14. \$ \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. 15. \$ \_\_\_\_\_

**Note:** Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

**These Tables are for Calculating Worksheet C and for 2025 Only**

**Single Persons, Dual Income  
Married or Married with Multiple Employers**

| If The Taxable Income Is |              | Computed Tax Is   |             |              |
|--------------------------|--------------|-------------------|-------------|--------------|
| Over                     | But Not Over | Of Amount Over... |             | Plus         |
| \$0                      | \$10,756     | 1.100%            | \$0         | \$0.00       |
| \$10,756                 | \$25,499     | 2.200%            | \$10,756    | \$118.32     |
| \$25,499                 | \$40,245     | 4.400%            | \$25,499    | \$442.67     |
| \$40,245                 | \$55,866     | 6.600%            | \$40,245    | \$1,091.49   |
| \$55,866                 | \$70,606     | 8.800%            | \$55,866    | \$2,122.48   |
| \$70,606                 | \$360,659    | 10.230%           | \$70,606    | \$3,419.60   |
| \$360,659                | \$432,787    | 11.330%           | \$360,659   | \$33,092.02  |
| \$432,787                | \$721,314    | 12.430%           | \$432,787   | \$41,264.12  |
| \$721,314                | \$1,000,000  | 13.300%           | \$721,314   | \$77,128.03  |
| \$1,000,000              | and over     | 14.630%           | \$1,000,000 | \$114,834.25 |

**Married Persons**

| If The Taxable Income Is |              | Computed Tax Is   |             |              |
|--------------------------|--------------|-------------------|-------------|--------------|
| Over                     | But Not Over | Of Amount Over... |             | Plus         |
| \$0                      | \$21,512     | 1.100%            | \$0         | \$0.00       |
| \$21,512                 | \$50,998     | 2.200%            | \$21,512    | \$236.63     |
| \$50,998                 | \$80,490     | 4.400%            | \$50,998    | \$885.32     |
| \$80,490                 | \$111,732    | 6.600%            | \$80,490    | \$2,182.97   |
| \$111,732                | \$141,212    | 8.800%            | \$111,732   | \$4,244.94   |
| \$141,212                | \$721,318    | 10.230%           | \$141,212   | \$6,839.18   |
| \$721,318                | \$865,574    | 11.330%           | \$721,318   | \$66,184.02  |
| \$865,574                | \$1,000,000  | 12.430%           | \$865,574   | \$82,528.22  |
| \$1,000,000              | \$1,442,628  | 13.300%           | \$1,000,000 | \$99,237.37  |
| \$1,442,628              | and over     | 14.630%           | \$1,442,628 | \$159,124.94 |

**Unmarried Head of Household**

| If The Taxable Income Is |              | Computed Tax Is   |             |              |
|--------------------------|--------------|-------------------|-------------|--------------|
| Over                     | But Not Over | Of Amount Over... |             | Plus         |
| \$0                      | \$21,527     | 1.100%            | \$0         | \$0.00       |
| \$21,527                 | \$51,000     | 2.200%            | \$21,527    | \$236.80     |
| \$51,000                 | \$65,744     | 4.400%            | \$51,000    | \$885.21     |
| \$65,744                 | \$81,364     | 6.600%            | \$65,744    | \$1,533.95   |
| \$81,364                 | \$96,107     | 8.800%            | \$81,364    | \$2,564.87   |
| \$96,107                 | \$490,493    | 10.230%           | \$96,107    | \$3,862.25   |
| \$490,493                | \$588,593    | 11.330%           | \$490,493   | \$44,207.94  |
| \$588,593                | \$980,987    | 12.430%           | \$588,593   | \$55,322.67  |
| \$980,987                | \$1,000,000  | 13.330%           | \$980,987   | \$104,097.2  |
| \$1,000,000              | and over     | 14.630%           | \$1,000,000 | \$106,669.70 |

**If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:**

**If you are calling from within the United States**  
1-800-852-5711 (Voice)  
1-800-822-6268 (TTY)

**If you are calling from outside the United States**  
1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of [Title 22, California Code of Regulations](#) (govt.westlaw.com/calregs/Search/Index), section 4340-1, and the [California Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

**Example for Worksheet C for the Year 2025**

Payee estimates pension income to be \$1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

- |  |                        |
|--|------------------------|
| 1. Estimate annualized income (\$1,500 a month x 12 months). Enter on line 1.  | 1. \$ 18,000.00        |
| 2. Estimated nonwage income.   | 2. \$ 8,000.00         |
| 3. Add lines 1 and 2 and enter total on line 3.  | 3. \$ 26,000.00        |
| 4. Enter amount for single from line 2 of Worksheet B.   | 4. \$ 5,540.00         |
| 5. Enter adjustments to income shown on line 4 of Worksheet B.   | 5. \$ 0.00             |
| 6. Enter sum of lines 4 and 5.   | 6. \$ 5,540.00         |
| 7. Subtract line 6 from line 3 and enter difference on line 7.   | 7. \$ 20,460.00        |
| 8. Compute the tax liability for the amount on line 7.   |                        |
| Use the 2025 tables for single from Worksheet C under the entry covering \$20,460 (over \$10,756 but not over \$25,499).   |                        |
| Compute 0.022% of the amount over \$10,756   |                        |
| (\$20,460 – \$10,756) x 0.022 = \$213.48.  | \$ 213.48              |
| Additional + tax amount.   | \$ 118.32              |
| Enter the total on line 13.  | Total \$ <u>331.80</u> |
| 8. \$ 331.80   |                        |
| 9. Enter the amount for one personal exemption on line 9 (1 x \$149).  | 9. \$ 149              |
| 10. Subtract line 9 from line 8 and enter the difference on line 10.   | 10. \$ 182.80          |
| 11. Enter any tax credits that will be allowed for 2025 (see FTB Form 540).  | 11. \$ 0.00            |
| 12. Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability.   | 12. \$ 182.80          |
| 13. Calculate the tax withheld and estimated to be withheld during 2025.   |                        |
| 14. Withholding on the pension of \$1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2025 is \$0.43 x 14.09 = \$6.05. Enter that amount on line 13. | 13. \$ 6.05            |
| 15. Subtract line 13 from line 12. Enter difference on line 14.  | 14. \$ 176.75          |
| 16. Divide line 14 by the number of pay periods remaining in the year.<br>(\$176.75 ÷ 12 = \$14.72)  | 15. \$ 14.72           |

Enter \$14.72 on line 3 of the DE 4P.