

Required Minimum Distribution (RMD) Request Form For 403(b) Accounts



Participant _____ Birthdate _____ Last 4-digits of Social Security # _____ Master Account Number (13-digits) _____

1. Required Minimum Distribution Instructions

Complete **Part A** to have First Investors calculate and distribute your RMD based only on your FI Fund investments for this year and automatically for subsequent years.

Complete **Part B** (next page) to receive your RMD for this year only.

A. Ongoing Automatic Distributions - Calculation by First Investors

I understand that: a) my RMD will be based on the previous year's December 31st market value of my FI mutual fund 403(b) account(s) registered under the above Master Account Number; and b) my RMD will be distributed as required every year. I also understand that I must separately calculate my RMD for any 403(b)s that are held at outside institutions.

STEP 1: Prior Year-End Value

Using the two options below, identify where the assets were held as of December 31 of the prior calendar year.

Assets were held with First Investors Funds. Proceed to Step 2.

Assets were **NOT** held with First Investors Funds.

You must provide the value of the assets as of December 31 of the prior calendar year \$ _____

STEP 2: Life Expectancy Option *(Dividend and capital gain payments will be reinvested to purchase additional fund shares.)*

I understand FI will calculate my RMD each year by using the IRS Uniform Table, unless I qualify for the spousal exception (below) and provide my spouse's date of birth below, in which case the IRS Joint Life Expectancy Table will be used.

My sole primary beneficiary is:

my spouse, whose date of birth is: _____

a trust (already on file), whose sole primary beneficiary is my spouse, whose date of birth is: _____

I certify that I have met the requirements regarding beneficiaries of trusts for determining RMDs outlined on the back of this form.

Distribute my entire RMD (check one):

From each of my FI mutual fund 403(b) account(s) registered under the above Master Account Number.

From my single FI mutual fund 403(b) account number _____
ex: 12v 0000001234-1

STEP 3: Start Date

For the first calculation year, distributions will be made on the day you receive my completed request unless instructed otherwise below.

Distribute my First RMD on: _____ / _____ / _____
Month Day Year*

** Owners attaining age 70½ or retiring after attaining age 70½ in the current year have the option of delaying their first year RMD until April 1st of the following year. If a delayed date for your First RMD was indicated, payments for subsequent years will be made annually during the month following the initial RMD, unless you select another month below.*

Distributions for subsequent years will be made on the same date as my First RMD, unless instructed otherwise below.

Distribute my subsequent RMDs on: _____ / _____
Month Day

STEP 4: Payment Frequency (check one):

Semi-Monthly (1st and 16th of each month) Monthly Quarterly Semi-Annually Annually

Distributions for subsequent years will be made with the same frequency.

If a frequency is not indicated, distributions will be made annually on the day this request is received in good order (or the following business day).

Complete Reverse Side

1. Required Minimum Distribution Instructions *(continued)*

B. Current Year Distribution Only - Calculation by Owner

I have calculated my own RMD based upon the aggregate year-end value of all of my 403(b)s including those I may hold with other financial institutions. **I understand that: a) FI will not calculate or distribute my RMD for subsequent years; and b) In the future I must provide FI with the amount to be distributed for each subsequent year if I choose to take my RMD from my FI mutual fund 403(b) account(s).**

I would like to withdraw the following amount(s) from each fund indicated below (not my entire account balance):

\$ _____	FI Mutual Fund Account Number	\$ _____	FI Mutual Fund Account Number
\$ _____	FI Mutual Fund Account Number	\$ _____	FI Mutual Fund Account Number
\$ _____	FI Mutual Fund Account Number	\$ _____	FI Mutual Fund Account Number

2. Payment Method

SG required if more than \$100,000.

If no payment method is selected, a check will be issued to the address of record.

Check One:

- by check to the address of record. **SG** if address has been changed within 30 days.
- by Electronic Funds Transfer ("EFT") to my pre-designated Bank Account ending in the last 5-digits of _____.
- by EFT after establishing the privilege. **SG** *Complete Section 4.
- by check to FIC: _____
Existing Non-Retirement Account Number or Name of New Fund

Note: account must be registered individually to the same owner or registered jointly provided both accounts have the same broker/dealer and address of record.

- by check to financial institution listed below: **SG**

Name of Financial Institution

Account Registration

Street Address, City, State, Zip Code

Name of Fund or Existing Account Number

3. Tax Withholding Election

Complete attached IRS W-4P to indicate your tax withholding election.

SG denotes Signature Guarantee required.

4. Electronic Funds Transfer (EFT) Option Attach a pre-printed voided check, bank statement or deposit slip.

I hereby authorize FIC and its affiliates, representatives and agents and the bank to electronically transfer funds via ACH at any time as requested by me, to the bank account listed below from all of my accounts sponsored by First Investors and its affiliates ("FI Account") opened now or in the future.

I authorize ACH deposits to the bank account listed below for redemptions, dividends and other distributions. As an owner or joint owner of the bank account identified below, I certify that my signature alone is sufficient to authorize deposits. If I am not the owner, I understand that the signature(s) of the bank account owner(s) must be provided in **Section 4(B)**. I understand and agree that FIC and its affiliates, and its and their officers, directors, employees, representatives and agents will not be liable for any loss, expense, or costs arising out of any written or telephone transaction requests as long as the proceeds are transmitted to the bank account listed. I further acknowledge that if ADM is notified that my EFT was further electronically transferred via ACH to a bank located outside of the territorial United States, the EFT privilege will be cancelled.

NOTE: Ten business days are required to establish EFT privileges. A check will be mailed to your address of record if a distribution is scheduled before the EFT privilege is established.

A. BANK INFORMATION:

Unless notified otherwise, the following bank information is to replace the bank account information already on file.

Account Type: Checking Statement Savings

Bank Account # _____

Bank Account Owner(s) _____

Bank Routing # (Speak with bank rep to obtain this information) _____

Bank Name _____

Bank Street Address _____

Bank Phone # _____

Bank City, State, Zip Code _____

B. INFORMATION & SIGNATURE(S) of Bank Account Owner(s) Required If Other Than Owner(s): I/We authorize the ACH credits between the listed bank account above and the FI mutual fund accounts owned by this customer now or in the future.

Name of Bank Account Owner if other than Owner (**print**) _____

Name of Bank Account Owner if other than Owner (**print**) _____

Street Address of Bank Account Owner if other than Owner _____

Street Address of Bank Account Owner if other than Owner _____

City, State, Zip Code of Bank Account Owner if other than Owner _____

City, State, Zip Code of Bank Account Owner if other than Owner _____

Social Security Number _____ Date of Birth _____

Social Security Number _____ Date of Birth _____

 _____ **(SG) ***
Signature of Bank Account Owner if other than FI Owner

 _____ **(SG) ***
Signature of Bank Account Owner if other than FI Owner

* To establish EFT service for your RMD, a Signature Validation Program stamp will be accepted from any member of the Securities Transfer Agent Medallion Signature Program ("STAMP") in lieu of a medallion signature guarantee.

5. Signature See Section 6 (next page) if Employer/TPA signature is required.

I understand that (a) it is my responsibility to satisfy the RMD requirement for my 403(b)s; (b) dividends and capital gains must be reinvested for purposes of calculating my RMD; (c) voluntary account share redemptions may be subject to a contingent deferred sales charge as detailed in the Fund prospectus; and (d) if I am electing the Life Expectancy Option under Section A, it is my responsibility to ensure that the beneficiary information on this form reflects my valid beneficiary designation which is on file with FI. I acknowledge that if I request a distribution from my 403(b) to be deposited into an account registered under a different customer number other than my 403(b), such distribution will be deposited at the applicable offering price unless such distribution represents a distribution upon my attainment of 70½ years of age. Such funds are to be deposited into a customer number of which I am a joint owner at the NAV. I further understand that FI may delay processing my RMD request if such request is not received in good order, for example, if the request is not properly completed, signed and dated or if the beneficiary information on this request differs from the beneficiary designation on file, and FI will not be held responsible for such delay. I have received, read and understand the applicable Fund prospectus(es). I hereby authorize and direct First Investors Corporation and its affiliates to act in accordance with the distribution instructions contained herein. I certify that all statements made by me on this request are true and correct and that I fully understand the tax and other consequences of this request. I hereby authorize and direct First Investors Corporation and its affiliates to act in accordance with the distribution instructions contained herein.

The fund and ADM reserve the right, at their own discretion, to require a signature guarantee.

Affix Medallion Signature Guarantee Here, If Required: Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

 _____
Signature of Participant _____ Date _____


(SG) denotes Signature Guarantee required.

Complete Reverse Side

6. 403(b) Employer or TPA Signature *To be completed for distributions requiring Employer/TPA approval.*


(I) To be completed if 403(b) Plan is maintained by a governmental entity.

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request; (a) that the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70 1/2 years of age or is retired from the employer; and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby authorized.

Print Name of Authorized Employer or TPA	Title		Original Signature of Authorized Employer or TPA	Date
If TPA, name of TPA Firm		Employer's or TPA's Telephone #		

(II) To be completed if 403(b) Plan is maintained by a Tax-Exempt Organization 501(c)(3).

I certify that I am eligible to make this certification on behalf of the 403(b) employer. I certify that I have reviewed all records and required documentation regarding this distribution request; (a) that the plan participant named on this form is eligible for a required minimum distribution for he/she is either 70 1/2 years of age or is retired from the employer; and (b) the request is in accordance with the provisions of the Plan and the distribution is hereby validated.

Print Name of Authorized Employer or TPA	Title		Original Signature of Authorized Employer or TPA	Date
If TPA, name of TPA Firm		Employer's or TPA's Telephone #		

Important Information Regarding RMDs where the Beneficiary is a Trust

If you wish to treat your spouse beneficiary of a trust as designated beneficiary for purposes of determining RMDs during your lifetime, the following IRS requirements must be satisfied:

1. The trust must be a valid trust under state law, or would be valid but for the fact that there is no corpus.
2. The trust must be irrevocable or will, by its terms, become irrevocable upon your death.
3. The beneficiaries of the trust who are beneficiaries with respect to the trust's interest in your account are identifiable from the trust instrument.
4. You must provide us with either a copy of the trust instrument with an agreement that if the trust instrument is amended, you will provide us with a copy of the amendment within a reasonable time **or** you must provide us with all of the following:
 - a list of the beneficiaries of the trust (including contingent and remainderman beneficiaries) with a description of the conditions of their entitlement.
 - certification that to the best of your knowledge, the list is correct and complete and that the requirements **1, 2 and 3** above are met.
 - an agreement that, if the trust instrument is amended at any time in the future, you will, within a reasonable time, provide to us corrected certifications to the extent that the amendment changes any information previously certified; and
 - an agreement to provide us with a copy of the trust instrument upon our demand.

For additional information see the Disclosure Statement which was previously provided to you.

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.				
Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

Withholding Certificate for Pension or Annuity Payments

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

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on

pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2011.

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose* above), you can skip the worksheets and go directly to the Form W-4P below.

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
	}		
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return	E	<u> </u>
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	F	<u> </u>
G	Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	G	<u> </u>
	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px; margin-right: 5px;"> For accuracy, complete all worksheets that apply. </div> <div> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below. </div> </div>		

----- Cut here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

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

Complete the following applicable lines.

1	Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ► <input type="checkbox"/>		
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►		
	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate		(Enter number of allowances.)
3	Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ►	\$	

Your signature ►

Date ►

Deductions and Adjustments Worksheet

Note. Use this worksheet **only** if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,500 \text{ if head of household} \\ \$ 5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any credit amounts from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line G, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, page 1	10	_____

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete **only** if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1	Enter the number from line G, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying pension or job and enter it here. However , if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3."	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying pension or job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 12 if you are paid every month and you complete this form in December 2010. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment	9	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000	1	8,001 - 15,000	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000	3	25,001 - 30,000	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000	4	30,001 - 40,000	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 919, How Do I Adjust My Tax Withholding, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2011. You also may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more than one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505, Tax Withholding and Estimated Tax. You also can get forms and publications at IRS.gov.

If you have income from wages, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

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

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its commonwealths and possessions, and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

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

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

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

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

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

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

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

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,600 a month.

If you submit a Form W-4P that does not contain your correct taxpayer identification number (TIN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

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

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

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

Caution. If you submit a Form W-4P that does not contain your correct TIN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

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

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

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your "No Withholding" Choice

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

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

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

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

Statement of Federal Income Tax Withheld From Your Pension or Annuity

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

Privacy Act and Paperwork Reduction Act Notice

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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