



# CENTRAL STATES PENSION FUND

SINCE 1955

## APPLICATION FOR DISABILITY BENEFIT

Dear Participant:

This Application for Disability Benefit packet must be completed and forwarded to the address shown below before you can be approved for a disability benefit from the Pension Fund.

Remember, it is important to forward all appropriate documents (such as proof of age, marriage certificate, Social Insurance Award, etc.) to our office. Failure to do so may delay the processing of your application.

Please note per Section 4.13 of the Pension Plan:

*“The Pension Fund shall permanently suspend all Periodic Benefit Payments of a Disabled Participant during periods of their Reemployment.”*

All forms and documents should be submitted to the following address:

Central States, Southeast and Southwest Areas Pension Fund  
PO Box 5109  
Des Plaines, IL 60017-5109

If you have any questions, please call us toll-free at 800-323-5000  
Or visit our website at: [MyCentralStatesPension.org](http://MyCentralStatesPension.org)

## DISABILITY BENEFIT APPLICATION FORM/ BACKGROUND INFORMATION/EMPLOYMENT HISTORY

This application must be fully answered by the claimant or, if the claimant is mentally or physically incompetent, their appointed guardian or conservator or anyone legally empowered to do so.

**PRINT OR TYPE ALL INFORMATION**

PARTICIPANT'S SOCIAL SECURITY NO.		LAST NAME		FIRST NAME		MIDDLE INITIAL	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IF FEMALE, MAIDEN NAME
STREET ADDRESS			CITY		STATE	ZIP CODE		HOME PHONE NUMBER (incl. Area Code)
E-MAIL ADDRESS								
MILITARY SERVICE (MONTH / YEAR) FROM TO			DATE OF BIRTH MONTH / DAY / YEAR			DISABILITY DATE MONTH / DAY / YEAR		
IS THIS DISABILITY THE RESULT OF (CHECK ONE) ILLNESS <input type="checkbox"/> INJURY <input type="checkbox"/> JOB-RELATED INJURY <input type="checkbox"/> DATE OF INJURY _____					ARE YOU RECEIVING BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? <input type="checkbox"/> YES IF YES, ATTACH A COPY OF THE ENTIRE AWARD <input type="checkbox"/> NO IF NO, DATE APPLIED FOR: _____			
MARITAL STATUS MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		SPOUSE'S LAST NAME		FIRST NAME		MIDDLE INITIAL	IF FEMALE, MAIDEN NAME	
SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S DATE OF BIRTH MONTH / DAY / YEAR			DATE OF MARRIAGE MONTH / DAY / YEAR			

**LIST CHILDREN'S COMPLETE INFORMATION**

NAME	ADDRESS (City, State, ZIP Code)	BIRTHDAY	RELATIONSHIP
		MONTH / DAY / YEAR	

**LIST COVERAGE UNDER ANY OTHER TEAMSTER PENSION FUND AND/OR COMPANY PENSION PLAN**

NAME OF FUND / COMPANY PLAN	CITY AND STATE	PERIOD OF COVERAGE
		FROM / TO DATES (MONTH / YEAR)

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION AND MAIL IT TO THE ADDRESS SHOWN ON PAGE 4:

- |                                                                             |                                                            |
|-----------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> YOUR BIRTH CERTIFICATE (OR OTHER PROOF OF AGE)     | <input type="checkbox"/> COMPLETE SOCIAL INSURANCE AWARD   |
| <input type="checkbox"/> SPOUSE'S BIRTH CERTIFICATE (OR OTHER PROOF OF AGE) | <input type="checkbox"/> MILITARY DISCHARGE PAPERS (DD214) |
| <input type="checkbox"/> MARRIAGE CERTIFICATE                               | <input type="checkbox"/> DIVORCE DECREE                    |

LIST **ALL EMPLOYMENT**, REGARDLESS OF WHETHER IT PROVIDED FOR PARTICIPATION IN CENTRAL STATES PENSION FUND, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ADD ADDITIONAL PAGES FOR EMPLOYMENT HISTORY IF NEEDED.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION # AT TIME OF EMPLOYMENT
	ADDRESS			
EMPLOYER	CITY, STATE & ZIP		FROM/TO (MONTH/YEAR)	LOCAL UNION #
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION #
	ADDRESS			
EMPLOYER	CITY, STATE & ZIP		FROM/TO (MONTH/YEAR)	LOCAL UNION #
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION #
	ADDRESS			
EMPLOYER	CITY, STATE & ZIP		FROM/TO (MONTH/YEAR)	LOCAL UNION #
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM / TO	LOCAL UNION #
	ADDRESS			
EMPLOYER	CITY, STATE & ZIP		FROM/TO (MONTH/YEAR)	LOCAL UNION #
TYPE OF WORK (BE SPECIFIC)				
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU EVER WORKED IN ANY OF THE FOLLOWING CAPACITIES WHILE A PARTICIPANT OF CENTRAL STATES PENSION FUND?

Manager/Supervisor     Self-employment     Owner/Operator    OR     Had significant ownership (50% or more) in the company?

If yes, complete the following:

COMPANY NAME	PERIOD OF EMPLOYMENT		SITUATION (SEE ABOVE)	DID YOU HAVE THE RIGHT TO HIRE, FIRE, OR RECOMMEND IT? (CHECK ONE)	
	FROM / TO (MONTH / YEAR)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

ANSWER THE FOLLOWING QUESTIONS FULLY:

TO WHAT EXTENT ARE YOU ABLE TO WORK?

ON WHAT DATE WAS IT NECESSARY TO GIVE UP ALL DUTIES?	MONTH	DAY	YEAR

HAVE YOU DONE ANY TYPE OF WORK SINCE YOUR DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please include employment information below:

EMPLOYER	ADDRESS	FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP		

TYPE OF WORK (BE SPECIFIC)
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WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYER	ADDRESS	FROM/TO (MONTH/YEAR)	LOCAL UNION #
	CITY, STATE & ZIP		

TYPE OF WORK (BE SPECIFIC)
----------------------------

WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO CENTRAL STATES PENSION FUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**OATH AND SIGNATURE**

I am applying for a disability benefit from Central States, Southeast and Southwest Areas Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge. I agree to notify the Fund immediately of any employment.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**IMPORTANT INFORMATION REGARDING YOUR BENEFITS AND THE PENSION PROTECTION ACT**

On March 24, 2008, the Pension Fund's actuary certified that the Pension Fund is in critical status under the Pension Protection Act (PPA), and notice of this fact was given to all participants on April 8, 2008. With respect to plans in critical status, the PPA creates a category of "adjustable benefits," which generally includes all benefits other than a contribution based pension payable at age 65; these benefits may be eliminated or reduced in the future (even for participants that have retired and already begun receiving their pensions), largely depending on whether the participant's employer (or former employer) continues to participate in the Pension Fund and agrees to a contribution schedule sufficient to maintain current benefits. Although the Pension Fund anticipates that the vast majority of bargaining units will elect a contribution schedule that keeps current benefits in place, because of the possibility of a reduction or elimination in benefits, you should weigh your decision to retire with care. In addition, under the PPA, the Pension Fund cannot guarantee that it will never be required to change its existing rules concerning adjustable benefits. However, in the event your adjustable benefits are reduced or eliminated in the future, you will receive a separate notice at least 30 days prior to the effect of any such benefit reduction.

**RETURN TO: CENTRAL STATES, SOUTHEAST AND SOUTHWEST  
AREAS PENSION FUND  
P.O. BOX 5109  
DES PLAINES, IL 60017-5109**

## **TAX WITHHOLDING**

### **HELPFUL HINTS FOR COMPLETING FORM W-4P**

You may use the W-4P Tax Calculator on our website located at MyCentralStatesPension.org to assist you in determining your tax withholding and in some cases to make your tax withholding election. If you have any questions regarding your tax withholding, please consult your tax professional. Unless you are otherwise contacted, if you do NOT file a federal income tax election with us, the Tax Equity and Fiscal Responsibility Act requires us to withhold income tax as if you are single.

#### **TO ELECT NOT TO HAVE ANY FEDERAL TAX WITHHELD:**

1. Write "No Withholding" in the space below Step 4(c).
2. Complete Steps 1(a) and 1(b).
3. Sign and date the form & return to Central States, either by mail, fax or uploading to our website.

#### **TO ELECT TO HAVE FEDERAL TAXES WITHHELD FROM YOUR PENSION BENEFIT BASED ON IRS TAX TABLES:**

1. Please print your name, address, and Social Security Number in the space provided.
2. Please check your anticipated filing status in Step 1(c).
3. Complete Steps 2-4 only if they apply to you. Pay close attention to the instructions on the form and pay close attention when instructed to add multiple figures.
4. Sign and date the form & return to Central States, either by mail, fax, or uploading to our website.

Please note that the IRS does not allow for a specific ("flat") amount to be withheld. Therefore, tax withholding must be based on the information provided on the form.

You are responsible for paying all applicable federal tax on your pension benefit. You have the option to have federal income taxes withheld from your pension benefits. If you have too little tax withheld, you may owe tax when you file your tax return and may also owe a penalty unless you make timely payments of estimated tax.

This form is to be used only by U.S. citizens and resident aliens. If you are a U.S. citizen living outside of the U.S. or its possessions, you must have taxes withheld. If you are a foreign person living outside of the U.S. or its possessions, please contact our office for additional information.

**Withholding Certificate  
 for Periodic Pension or Annuity Payments**  
 ▶ Give Form W-4P to the payer of your pension or annuity payments.

<b>Step 1: Enter Personal Information</b>	(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 widow(er) <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.)		

**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 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) Reserved for future use.

(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 one, 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 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

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

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): 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>	\$ _____
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<b>Step 4 (optional): Other Adjustments</b>	(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>	\$ _____

<b>Step 5: Sign Here</b>	▶ _____ ▶ <b>Your signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>
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## General Instructions

Section references are to the Internal Revenue Code.

**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 1a, 1b, 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 possessions.

**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.

**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, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

**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

**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.

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

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

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

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

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

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

**Example 4.** Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann 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 Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she 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). She 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 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.

# Specific Instructions (continued)

## 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 current 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 2022, 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 current year's 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	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> <td style="padding-left: 10px;">• \$25,900 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="3" style="padding-left: 10px;">\$19,400 if you're</td> </tr> <tr> <td style="padding-left: 10px;">Enter: •</td> </tr> <tr> <td style="padding-left: 10px;">• \$12,950 if you're single or married filing separately</td> </tr> </table>	}	• \$25,900 if you're married filing jointly or qualifying widow(er)	}	\$19,400 if you're	Enter: •	• \$12,950 if you're single or married filing separately	2 \$ _____
}	• \$25,900 if you're married filing jointly or qualifying widow(er)		}			\$19,400 if you're		
	Enter: •							
	• \$12,950 if you're single or married filing separately							
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>• \$14,700 if you're single or head of household.</li> <li>• \$27,300 if you're married and one of you is under age 65.</li> <li>• \$28,700 if you're married 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 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.



-----This Form Is Required To Initiate Your Pension Benefit Payments-----

### **BENEFIT PAYMENT METHOD FORM**

You can avoid worrying about when you will receive your pension check by using the Fund's Electronic Funds Transfer (EFT) program. Under the EFT program your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). **IF YOU ARE ELIGIBLE FOR RETIREMENT BENEFITS, YOUR FIRST ONE OR TWO PENSION CHECKS WILL BE SENT TO YOUR MAILING ADDRESS AND SUBSEQUENT PAYMENTS WILL BE DEPOSITED ELECTRONICALLY INTO YOUR CHECKING OR SAVINGS ACCOUNT.**

I hereby authorize the Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below, to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of those funds including but not limited to the identity of all account holders. This authorization will remain in effect until I file a new authorization form or cancel my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account:  Checking  Savings

Routing Number: \_\_\_\_\_ \* Account Number: \_\_\_\_\_

**IMPORTANT:** In the space below attach a voided check or pre-printed savings deposit slip with the correct bank routing and transit numbers.

**ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE**

\*9 DIGIT CODE IN THE LOWER LEFT CORNER OF CHECK OR DEPOSIT SLIP THAT STARTS WITH 0, 1, 2 OR 3

I do not want electronic funds transfer and elect instead to have my benefit check sent to my mailing address each month. I understand that my benefit checks will be mailed on the first day of each month and that my check may be delayed for reasons beyond the Fund's control and that there is no guaranteed delivery date. I further understand that in the event a check is lost the Fund cannot issue a replacement check until the 10<sup>th</sup> business day of the month.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**IMPORTANT:** You **must** keep the Fund informed of any change in your address, *regardless* of which payment method you choose.