IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS

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PENSION BENEFIT TAX WITHHOLDING ELECTION

Before completing this form, you should carefully read the Special Tax Notice attached regarding plan payments. You also may wish to consult your tax advisor before completing this form.

A)	Complete this section for withholding o	n your monthly benefit.
[]	Do not withhold Federal Income Tax from my monthly benefit.	
[]	Please withhold Federal Income Tax from my benefit in accordance with the W-4P form I have completed.	
[]	Please withhold Federal Income Tax from my of \$	y benefit in the amount
Print Name		Signature
Social Security Number		Date