



Substitute Form W-4P

NOTICE OF WITHHOLDING ON DISTRIBUTIONS

The distributions you receive from the Michigan Catholic Conference are subject to Federal income tax withholding, unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax.

You may elect not to have withholding apply to your benefit payments by checking the box at Line 1 of the Withholding Election below, signing and dating this form and returning it to the Michigan Catholic Conference, 510 South Capitol Avenue, Lansing MI 48933, Attention: Retirement Benefits Department. Any Withholding Election you make will remain in effect until you revoke it. You may revoke your election at any time by returning the signed and dated revocation to the Michigan Catholic Conference. For this purpose, you may use this form or IRS Form W-4P. Any election or revocation will be effective no later than the January 1, May 1, July 1, or October 1, after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply as often as you wish.

If you do not make a Withholding Election, Federal income tax will be withheld from the taxable portion of your distribution. For this purpose, your monthly benefit payments are treated as the payment of wages, and the amount of the withholding where no Withholding Election is made by you will be calculated as if you were a married individual claiming three withholding allowances.

If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

WITHHOLDING ELECTION

- 1. Check here if you do not want any federal income tax withheld from your distributions. (Do not complete Lines 2 or 3.) ▶
- 2. Total number of allowances and marital status you are claiming for withholding from each monthly payment. ▶ _____
 (You may also designate an additional dollar amount on Line 3 below.)
 Marital Status: Single Married Married, but withholding at higher "single" rate
- 3. Additional amount, if any, you want withheld from each monthly payment. ▶ \$ _____
 (You can not enter an amount here without entering the number (including zero) of allowances on Line 2.)

Signature: _____ Date: _____

Print Name: _____ SSN: _____

Address:

Street Address

City, State Zip

Phone Number