

**PLEASE ATTACH A COPY OF THE PARTICIPANT'S DEATH CERTIFICATE**

**NOTICE OF RIGHT OF PAYEES OF NON-PERIODIC  
PAYMENTS TO ELECT NOT TO HAVE WITHHOLDING APPLY**

The distribution you receive from the Local No. 8 I.B.E.W. Retirement Plan and Trust is subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will apply to the entire portion of your distribution.

You may elect not to have withholding apply to your distribution by signing and dating the election below and returning it to: Local No. 8 I.B.E.W. Retirement Plan and Trust, P.O. Box 60408, Rossford, OH 43460, Attn: Mr. Richard J. Clarson, Administrative Manager.

If you do not respond by \_\_\_\_\_ ( Five (5) days before the date that your distribution is scheduled to occur), Federal income tax will be withheld in an amount of 20% of your distribution.

If you make election not to have withholding apply to your distribution, you may revoke your election by written notice to the Plan at the above address prior to your scheduled distribution date indicated in the preceding paragraph.

If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income 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.

**ELECTION NOT TO HAVE WITHHOLDING  
APPLY TO YOUR DISTRIBUTION**

If you do not want any Federal income tax withheld from your distribution, sign and date this election and return it to Local No. 8 I.B.E.W. Retirement Plan and Trust, P.O. Box 60408, Rossford, OH 43460, Attn: Mr. Richard J. Clarson.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the entire amount of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if payment of estimated tax and withholding, if any, are not adequate.

I hereby elect not to have Federal income tax withheld from my distribution.

Signed: \_\_\_\_\_  
Name Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address