TAX WITHHOLDING ELECTION FORM Puget Sound Electrical Workers 401(k) Savings Plan

PAYEE'S NAME	SOCIAL SECURITY NO.



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Plan

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NOTE: Refer to your Election Form to determine whether this form is required.

Use this form to elect to have no federal income tax withheld from your distribution (excluding eligible rollover distributions) or to have additional amounts of tax withheld from your distribution. Whether or not you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. If you elect to have no amount withheld from your distribution, or if you do not have enough federal income tax withheld, 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, particularly if you have other sources of income not subject to withholding (such as interest, dividends, taxable Social Security). If federal income tax is withheld from your distribution, state income tax, if applicable, will also be withheld and your distribution will be reduced by such amounts. If your state does not require mandatory state income tax withholding, you may elect to have state income tax withheld and your distribution will be reduced accordingly.

- **Periodic Payments** If you do not return this form and you elect annuity or installment payments for a period of 10 or more years, federal and any applicable state income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances.
- Nonperiodic Payments (for Required Minimum Distributions and IRA Account Holders) If you do not return this form and elect a lump sum distribution, 10% federal and any applicable state income tax will be withheld from the taxable portion of your distribution.

Your tax withholding election will remain in effect until you cancel it. You may change or cancel your election at any time by requesting a new form by contacting John Hancock. You may obtain additional instructions and worksheets to assist you in completing this form by requesting the official IRS Form W-4P at 1-800-TAX-FORM or on the Internet at www.irs.ustreas.gov. You may want to seek the advice of a professional tax advisor prior to completing this form.

I. ELECTION FOR WITHHOLDING (Check box A or box B)

- **A. I do not elect** to have federal or state income tax withheld from my distribution payments. (Skip Section II and sign Section III.)
- **B.** I elect to have federal and/or state income tax withheld from my distribution payments. (Complete Option A or B in Section II and sign Section III.)
- II. TAX WITHHOLDING (Complete Option A if you want withholding based on marital status and allowances or Option B if you want withholding based on a flat dollar amount.)

Α	. WITHHOLDING BASED ON MARITAL STATUS AND ALLOWANCES - Withhold federal and applicable
	state income tax based on my marital status and number of allowances as indicated below. I understand
	that my marital status and number of allowances will be used to determine the amount of federal and
	applicable state income tax withheld from my payment and that if the amount of my payment is such
	that no tax withholding is required based on my election, no withholding will occur unless I indicate an
	additional dollar amount to be withheld.

Marital Status:	Single	□ Married	Married, but v	withhold at higher Single rate
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Total	number	of	allowances:	
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Additional amount, if any, to be withheld for fe	deral income tax: \$
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Flat dollar amount to be withheld for state income tax:



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			PAYEE'S NAME	SOCIAL SECURITY NO.		
			state amount will be withheld unless yo	tax withholding and you elect federal withholding, the required u request a dollar amount that is greater than the amoun ve state income tax, no state tax will be withheld.		
	B. WITHHOLDING BASED ON A FLAT DOLLAR AMOUNT - Withhold federal and state income ta indicated below.					
			ax: \$			
Amount to be withheld for state income tax:				<: \$		
			state amount will be withheld unless yo	tax withholding and you elect federal withholding, the required u request a dollar amount that is greater than the amoun ve state income tax, no state tax will be withheld.		
II.	SIG	NAT	URE			
	I cei	rtify I	that the information provided on this form is	s correct.		
	You	- Siai	nature:	Date:		

Return this form to: Trust Office, Puget Sound Electrical Workers 401(k) Savings Plan, c/o Welfare and Pension, Administration Services, Inc., PO Box 34203, Seattle, WA 98124.


