

Federal Income Tax Withholding Election Form for Annuity Payments

Member's First Name	Middle Initial	Last Name	Office Number or Last 4 of Social Secu	rity Number
Address			Primary Telephone Number	
City	State	Zip	Email Address	
Complete the following applicable lines:				
1. I elect not to have federal income tax withheld from my annuity payment. (Do not complete lines 2 and 3.)				
Signature			Date	

10/27/2022