aftra RETIREMENT FUND

STATE TAX ELECTION FORM FOR PERIODIC PAYMENTS

INSTRUCTIONS

This State Tax Withholding Form should be completed when there is a mandatory withholding requirement of your state.
Your completed form can be returned to the AFTRA Retirement Fund using any of the following:

By Portal

1. Scan or save a copy of the completed form to your device.
   Acceptable formats: .jpeg, .pdf, .png, .tiff.
2. Select choose file(s) and upload the completed form.
3. Confirm that the attachment is shown in your inquiry.
4. Submit your inquiry.

You will receive a confirmation email that your inquiry was submitted successfully.

By Mail
SAG-Producers Pension Plan
P.O. Box 7830
Burbank, CA 91510-7830

By Email
PensionHelp@sagaftraplans.org

By Fax
Fax: (818) 953-9880

PARTICIPANT INFORMATION

Legal Name

Last Name: _____ First Name: _____ Middle Name:_____

Social Security No.: _____

Address Line 1: _____ Apt/Unit/Suite/Floor: _____

Address Line 2: _____

City: _____ State/Province: _____ ZIP Code:_____ Country: _____

Telephone No.: (XXX) XXX-XXXX _____ Cell No.: (XXX) XXX-XXXX _____

Email Address: _____

STATE INCOME TAX WITHHOLDING

State tax is mandatory for the following states when there is Federal Tax Election:
Arkansas, Connecticut, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska,North Carolina, Oklahoma, Vermont, Virginia, and Washington DC.

State tax is mandatory when there is a Federal Tax Election for the following states:
California, Connecticut, Georgia, Michigan, and Oregon.
Withholding State: _____

Please check the appropriate box:

A. ☐ Please check here if you **do not want** any state income tax withheld from your pension or annuity.

B. ☐ Fixed monthly dollar amount: $ _____

C. ☐ Please calculate and withhold:

Marital Status: ☐ Single ☐ Married Number of allowances: _____ Additional amount (if any) $ _____

Please contact your tax or legal adviser to determine your income tax withholding requirements. If you reside in a state that has mandatory withholdings and you have chosen not to withhold state taxes from your monthly benefit ,you will be responsible for paying the mandatory taxes directly to that state.

Participant Signature: _____ Date: _____