METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND
Substitute Form W4-P

Benefits received from this Fund are subject to Federal Income Tax Withholding unless you have informed our office that you do not want taxes withheld. Penalties may be incurred under the estimated tax payment rules if you elect not to have withholding and if your estimated tax payments are not adequate for the tax year.

A worksheet and instructions for Form W4-P (as provided by the IRS and modified to reflect Substitute Form W-4P) are on the following three pages. They are also accessible via this Internet address **http://www.irs.ustreas.gov**

The form below has been simplified for use by most MWRD Retirement Fund members. Please note that we will not adjust your withholding without a signed W-4P form.

INSTRUCTIONS FOR SUBSTITUTE W4-P FORM

Choose only ONE of the following options:

- **Complete part 1** on the form below if you DO NOT want any income tax withheld from your benefit payments.
  or
- **Complete part 2** if you want only a fixed amount withheld from each benefit payment.
  or
- **Complete part 3** if you want us to increase the amount currently withheld from each benefit payment.
  or
- **Complete part 4** on the form below if you want tax withheld from your benefit payment based on your marital status and number of exemptions. If you want a fixed amount withheld in ADDITION to the withholding based on your marital status and number of exemptions, also **complete line 4a**. (This selection is generally used when a member first receives benefits. Thereafter, members ordinarily choose part 2 or 3 to further adjust tax withheld as needed.)

Please note that we will calculate your tax withholding based upon your taxable benefit payment at the time we receive your completed form. Your federal tax deduction will remain fixed at that calculated amount, even if you receive increased benefits in the future, unless you subsequently send an updated Form W4-P. Call (312) 751-3222 when you wish to update your tax withholding in the future.

Complete, sign and date this form. This form is not valid unless you sign it. Please return the form to:

Substitute Form **W-4P**

MWRD Retirement Fund, 111 East Erie Street, Suite 330, Chicago, IL 60611-2898

WITHHOLDING CERTIFICATE FOR ORDINARY DISABILITY, PENSION OR ANNUITY PAYMENTS

Print your full name _____ Social Security Number XXX - XX - _____

Street Address _____ Apt / Unit _____

City or Town _____ State _____ ZIP Code _____

FEDERAL INCOME TAX WITHHOLDING SELECTION. Complete applicable line 1 or 2 or 3 or 4 (and 4a):

1. Check here if you do NOT want this fund to withhold any income tax from your benefit payments. ☐
   (Do not complete lines 2, 3 or 4. Sign and date the bottom of this form)
2. Enter the TOTAL FIXED AMOUNT you want withheld from each benefit check (whole dollars, please): $_____
   (Do not complete lines 1, 3 or 4. Sign and date the bottom of this form.)
3. INCREASE THE AMOUNT (by whole dollars, please) you want withheld from each payment added to the amount currently deducted from your benefit check (Do not complete lines 1, 2 or 4. Sign and date the bottom of this form.) $_____
4. Marital status and total number of allowances you are claiming for withholding from each periodic benefit payment.
   (Do not complete lines 1, 2 or 3. You may also designate an additional dollar amount on line 4a. Sign and date the bottom of this form.)

   ☐ Single ☐ Married ☐ Married, but withholding at higher single rate Number of Allowances _____

   4a. Additional amount (if any) you want withheld from each payment added to the amount calculated in option #4: $_____

Signature: _____ Date: _____

OFFICE USE ONLY: _____