

ELECTRICAL WORKERS LOCAL UNION 159 RETIREMENT PLAN #006396

Benefit Installment Payment Change Form

PART I: Participant Information

(PLEASE PRINT)

Name: _____

Address: _____

Social Security No.: _____

Home Telephone No.: _____

Date of Birth: _____

(Month/Day/Year)

I hereby request my Retiree installment payment to be **Increased / Decreased** (please circle one option) under the Plan to:

\$ _____ per **Month, Quarter, Annual** (please circle one option only).

- (a) Instead of 20% Federal tax withheld, I would like _____% federal tax withheld.
- (b) I would like _____% withheld for State tax (do **not** check if you want **no** State Tax taken).

I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

Participant's Signature

Date

Plan Administrator Signature

Date