

**WISCONSIN NECA-IBEW RETIREMENT PLAN #766870**

***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**