

TAX WITHHOLDING ELECTION FOR UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP) INCOME

UBEN 106 (R7/97) UNIVERSITY OF CALIFORNIA
EMPLOYEE BENEFITS PLAN ADMINISTRATION

Send to:
UC Benefits
Retirement Claims Administration
P.O. Box 24570
Oakland CA 94623-1570

The laws and UC policies governing tax withholding vary according to the type of payments you are receiving, your residency status, and where your payments are sent.

WHO SHOULD USE THIS FORM

Use this form to elect or change your withholding for UCRP monthly retirement income, survivor income, or disability income. You may wish to refer to IRS form W-4P and California state form DE-4P to help determine your tax withholding. UC will also accept forms W-4P and DE-4P instead of this form for your tax withholding election.

There are penalties for not paying enough tax during the year, either through monthly withholding or estimated federal tax payments. *IRS Publication 505* explains the estimated tax requirements and penalties in detail. *IRS Publication 575* provides general information on the taxability of annuities. These publications are available from the Internal Revenue Service (call 1-800-829-3676 or write IRS Western Distribution Center, Rancho Cordova, CA 95743-0001).

SECTION 1—PERSONAL INFORMATION

Please provide all the information requested on the form. Be sure to inform UC Benefits of future address changes.

SECTION 2—WITHHOLDING ELECTION

Federal Income Tax If you made no previous tax withholding election, UC automatically withholds federal income tax from your monthly payments based on the tax table for a **married individual claiming three allowances**. If you prefer to have a different amount withheld or no tax withheld, complete Section 2A.*

California State Income Tax

California Residents If you made no previous tax withholding election, UC automatically withholds California tax from your monthly payments based on the tax table for a **married individual claiming three allowances**. If you prefer to have a different amount withheld or to have no tax withheld, complete Section 2B.

Non-California Residents Effective January 1996, states are prohibited from taxing nonresident pensions. If you previously elected to have California state income tax withheld, your election remains in effect until you change it. You may wish to consult a tax advisor regarding your individual situation. UC does **not** withhold income tax for states other than California.

CHANGES TO YOUR ELECTION

Your election will remain in effect until you change it by submitting another *Change of Tax Withholding Election* form. You may make changes as often as you like and will be notified annually of your right to do so. Submitting a new form automatically revokes your previous election. If Retirement Claims Administration receives the form by the seventh day of the month, it will be effective with the check you receive at the end of the month. To request a form, call UC Benefits Customer Service at 1-800-888-8267, extension 70651.

* If your payment is to be delivered to a foreign address that is not a U.S. possession, tax will be withheld automatically; you may not elect no withholding.

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1. PERSONAL INFORMATION

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number, Street, City, State, ZIP, Country)	DAYTIME PHONE

- Status: (check one) UCRP Member Survivor or Contingent Annuitant Former spouse
 PERS Plus 5 Member PERS Plus 5 Survivor PERS Plus 5 former spouse

2. TAX WITHHOLDING ELECTION

A. FEDERAL INCOME TAX. Please withhold federal income tax as shown:

- Married, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- Single, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- In addition** to the tax table amount, withhold \$_____ monthly. (You must also check and complete the "married" or "single" line above.)
- Withhold a flat monthly dollar amount **only**: \$_____. Do not withhold based on the tax table.
- Withhold _____% **only**. Do not withhold based on the tax table.
- Do not withhold federal income tax. (You may not choose this option if payments are to be delivered to a foreign address that is not a U.S. possession.)

B. CALIFORNIA STATE INCOME TAX. Please withhold California state income tax as shown:

- Married, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- Single, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- In addition to the tax table amount, withhold \$_____ monthly. (You must also check and complete the "married" or "single" line above.)
- Withhold a flat monthly dollar amount **only**: \$_____. Do not withhold based on the tax table.
- Withhold _____% **only**. Do not withhold based on the tax table.
- Do not withhold California state income tax.

3. SIGNATURE

SIGNATURE	DATE
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RETN: UC Benefits: 5 years after final payment.

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Assistant Vice President—University Benefit Programs, 300 Lakeside Drive, Oakland, CA 94612-3550.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.

(B)

(BB)