

STATE TAX ELECTION FORM FOR PERIODIC PAYMENTS

1 STATE INCOME TAX WITHHOLDING

STATE TAX IS **MANDATORY** FOR THE FOLLOWING STATES WHEN THERE IS A FEDERAL TAX ELECTION: Arkansas, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Virginia and Vermont

STATE TAX IS **MANDATORY** WHEN THERE IS A FEDERAL TAX ELECTION UNLESS THE PAYEE ELECTS OUT FOR THE FOLLOWING STATES: California, Oregon and Georgia

Withholding State: _____

Please check the appropriate box:

A. Check here if you **do not want** any state income tax withheld from your pension or annuity. This election will be effective only if permissible under applicable state law.

B. Fixed monthly dollar amount: \$ _____

C. Please calculate and withhold:

Marital Status is: Single Married

Number of allowances: _____

Additional amount (if any): \$ _____

Please contact your tax adviser to determine your income tax withholding requirements. If you have chosen a withholding option that is not supported by the mandatory withholding requirements of your state, the mandatory withholding requirements will be used in calculating your state income tax deduction.

2 RECIPIENT INFORMATION (please print clearly)

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ / _____ / _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

If you have any questions, feel free to contact the Participant Services Department of the AFTRA Health and Retirement Funds at 1-800-562-4690. Please return the signed and dated election to:

**AFTRA Health & Retirement Funds
Retirement Services Department
261 Madison Avenue
New York, NY 10016-2495**