

Pipe Fitters' Local 597

WELFARE & RETIREMENT FUNDS

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**WITHHOLDING CERTIFICATE
 FOR PENSION PAYMENTS – 2008**

Member's Name				
	First	Middle Initial	Last	
	Social Security Number		Local 597 Union Card Number	
Address				
	Street	City	State	Zip Code
	Phone Number		E-Mail Address	

Complete the following applicable lines.

Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3).

Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3). _____

Marital status: Single Married Married, but withhold at higher "Single" rate

Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) or allowances on line 2). _____

	/ /
Participant Signature	Date