

Pipe Fitters' Local 597  
**WELFARE & RETIREMENT FUNDS**

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**WITHHOLDING CERTIFICATE  
FOR PENSION PAYMENTS – 2007**

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.

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

\_\_\_\_\_