



IBEW

INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS
LOCAL UNION 150 * BENEFIT FUNDS



IBEW Local No. 150 Welfare Fund
IBEW Local No. 150 Pension Fund
IBEW Local No. 150 Supplemental Pension
IBEW Local No. 150 Vacation Fund

Managed for the Trustees by:
UMR Trust Fund Administration

Re: Hardship Withdrawal

Enclosed is your hardship withdrawal package. It includes a **HARDSHIP WITHDRAWAL FORM**, **HARDSHIP WITHDRAWAL GUIDELINES**, and **W-4R WITHHOLDING CERTIFICATE**. Use this package to withdraw available monies to satisfy a financial hardship. You may want to seek the advice of a professional tax advisor prior to choosing a withdrawal option. **Please follow the instructions in this package carefully.**

- ☐ *Step 1: review the **HARDSHIP WITHDRAWAL GUIDELINES***
- ☐ *Step 2: fill in the dollar amount to be withdrawn under option A in the Request for Hardship Withdrawal section*
- ☐ *Step 3: check the reason for your hardship withdrawal under option B in the Request for Hardship Withdrawal section and submit the appropriate documentation*
- ☐ *Step 4: check your tax withholding election in the Tax Withholding section and provide requested information*
- ☐ *Step 5: attach a completed **W-4R WITHHOLDING CERTIFICATE** (required only if you elect to have tax withholding other than the standard default tax withholding applied to your payment)*
- ☐ *Step 6: sign the **HARDSHIP WITHDRAWAL FORM** where indicated in the Signature section*
- ☐ *Step 7: return all pages of the **HARDSHIP WITHDRAWAL FORM** (even if there is no election made on the page)*

For direct deposit:
Visit us at myplan.johnhancock.com
or call us at 1.833.388.6466.

Return form to:

Fund Office, International Brotherhood of Electrical Workers Local No. 150 Supplemental Pension Fund, 230 Lexington Green Circle Ste 400, Lexington KY, 40503.

OR submit via email to: IBEW150FundAdministrator@UMR.com.

If your withdrawal request is approved, payment will be sent to your address of record within 2 business days (a day on which the New York Stock Exchange is open) following receipt of the Plan Administrator approved form(s) by John Hancock Retirement Plan Services, LLC. Payment will be sent to the banking account you have provided on myplan.johnhancock.com. If you have not elected direct deposit, distribution check(s) will be mailed to the address on your account as of the date the distribution is processed. Checks over \$500,000 are sent via Priority Mail.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and you will be notified and provided with the reason(s) for denial and any corrective actions. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package. Also, please be aware that this form package may only be used once, and copies of this form may not be accepted for future use.

If you have any questions about the above, please log on to myplan.johnhancock.com or call 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.

HARDSHIP WITHDRAWAL FORM
International Brotherhood of Electrical Workers
Local No. 150 Supplemental Pension Fund

PARTICIPANT'S NAME	SOCIAL SECURITY NO.
CONTACT PHONE NUMBER	MAILING ADDRESS
EMAIL ADDRESS	

I. REQUEST FOR HARDSHIP WITHDRAWAL

NOTE: Please read this application carefully before printing your answers to all questions that apply to you. Effective January 1 2015, in the case of a financial hardship resulting from a proven immediate and heavy financial need you may be eligible to receive a distribution not to exceed the lesser of (i) the vested value of your Account attributable to profit-sharing contributions on or after January 1, 2015, or (ii) the amount necessary to satisfy the financial hardship. The amount of any such immediate and heavy financial need may include any amounts necessary to pay Federal, state or local income taxes reasonably anticipated to result from the distribution. If you are married, you must obtain the written consent of your Spouse, which consent must be witnessed by a Plan representative or a notary.

- A.** I am applying to make a hardship withdrawal from my vested account in the amount of \$_____.
- This amount cannot exceed the amount of your financial need as supported by your acceptable documentation (see below) and is subject to the balance available for withdrawal in your account.
 - If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
 - Any amount paid to you may be reduced by applicable taxes.
 - Only the amount supported by acceptable documentation will be processed, even if it is less than the amount requested. A subsequent request will be treated as a new hardship withdrawal and be subject to an additional fee.

- B.** I am requesting a hardship withdrawal for the following reason(s). (Indicate the reason for the hardship request below and submit the appropriate documentation to substantiate your request. Refer to the attached Hardship Withdrawal Guidelines for a list of required documents.)

Select all that apply:

- ☐ To purchase my principal residence (excluding mortgage payments)
- ☐ To pay unreimbursed expenses for medical care for me, my spouse, or any of my dependents
- ☐ To pay unreimbursed tuition and related educational expenses (including room and board) for the next 12 months of post-secondary education for myself, my spouse, or any of my dependents
- ☐ To make payments necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence
- ☐ To pay for funeral and/or burial expenses for my deceased parent, spouse, child or dependent
- ☐ To repair damage to my principal residence due to fire, storm, disaster, or other casualty that can be deducted on tax return under casualty provision (determined without regard to whether the disaster is federally declared or whether the loss exceeds 10% of adjusted gross income)

II. TAX WITHHOLDING

Hardship withdrawals are considered nonperiodic payments (not eligible for rollover), and as such, 10% federal income tax withholding will apply to your payment, in addition to any applicable state tax withholding, unless you choose to have a different federal tax rate applied to your payment by completing the attached **FORM W-4R WITHHOLDING CERTIFICATE**. The distribution may also be subject to an additional 10% early withdrawal penalty if you are under age 59½.

You have the option to increase the amount of your hardship withdrawal to cover the applicable federal and state withholding by electing below:

I elect to increase the amount of my hardship withdrawal to cover the applicable federal and state income tax withholding:

- ☐ 10% gross up
- ☐ _____% gross up
- ☐ \$_____ gross up

III. SPOUSAL CONSENT

I hereby certify that I am the spouse of the above-named participant and that I consent to the hardship withdrawal from the plan as indicated above. I also understand that by consenting to this distribution I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the amount subject to the withdrawal described above. I further understand that this election is irrevocable.

Signature of Spouse: _____ Date: _____

Notary Name and Number: _____ Seal: _____

Signature of Notary: _____ Date: _____

IV. SIGNATURE

I certify that I am requesting a hardship withdrawal to satisfy my immediate and heavy financial need for the reason(s) indicated above as supported by the attached documentation. I further certify that the amount requested does not exceed the amount required to satisfy my financial need, and that I have no alternative means reasonably available to satisfy such financial need. I also certify that I have insufficient cash or other liquid assets to satisfy this financial need.

I certify that I have obtained all other currently available distributions (other than hardship distributions) under the Plan and any other deferred compensation plans (qualified and nonqualified) maintained by my employer.

I understand that I have the option to have this distribution directly deposited into my bank account by accessing myplan.johnhancock.com to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I also understand that a fee of \$50.00 will be charged to my account for the processing of the withdrawal. I certify that the information provided, including the attached documentation, is true and accurate. I acknowledge that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations, processing fees, and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made. I understand that this withdrawal may not be repaid to the Plan.

HARDSHIP WITHDRAWAL FORM
International Brotherhood of Electrical Workers
Local No. 150 Supplemental Pension Fund

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

☐ I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I certify under penalty of perjury (under the laws of the United States of America) that the information I have provided, including any attached documentation, is true and accurate.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: *APPROVED* *NOT APPROVED*

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

**Return this form to: Fund Office, International Brotherhood of Electrical Workers Local No.
150 Supplemental Pension Fund, 230 Lexington Green Circle Ste 400, Lexington KY, 40503.**

HARDSHIP WITHDRAWAL GUIDELINES

REASON: Purchase of Principal Residence

Basic Requirements

- withdrawal request must be for purchase of principal residence of participant
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR PURCHASE OF EXISTING HOUSE

- sales contract - must include closing date, buyer's (participant's) signature, seller's signature, current date, amount needed to purchase house, address of property
- mortgage/loan commitment letter - must include buyer's (participant's) name and signature, current date, amounts (such as closing costs) required to be paid to purchase house, address of property

FOR PURCHASE OF MOBILE HOME OR MANUFACTURED HOME

- sales contract - must include buyer's (participant's) signature, seller's signature or signature of authorized representative of company, current date, purchase price of home; may include down payment and closing costs

FOR CONSTRUCTION OF PRINCIPAL RESIDENCE

- contract - must include buyer's (participant's) signature, contractor's signature, current date (unless proof of extension), building cost; may include copy of construction loan

PURCHASE OF LAND FOR CONSTRUCTION OF PRINCIPAL RESIDENCE OR PLACEMENT OF MOBILE OR MANUFACTURED HOME

- contract - must include buyer's (participant's) signature, seller's signature, current date, purchase price, location of property
- documentation by contractor - must show intent for construction of principal residence within one-year timeframe

Non-Eligible Expenses

- amounts already paid (for example, down payment, deposits, earnest money) are not eligible for hardship withdrawal (Exception: bridge loan (i.e., where a loan is taken for a short term while the hardship is being processed))
- refinancing of the mortgage of a principal residence is not eligible

REASON: Payment of Unreimbursed Medical and Dental Expenses

Basic Requirements

- must be eligible medical* and/or dental expense (*for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of treating any structure or function of the body)
- amount must (1) not be covered by insurance, (2) not paid in its entirety by insurance, or (3) not previously paid by participant
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR MEDICAL EXPENSES INCURRED

- copy of bill(s) - must identify name of participant or dependent, service rendered, date of service, billed amount, amount paid by insurance (if applicable), outstanding amount

FOR MEDICAL EXPENSES NOT YET INCURRED

- doctor/hospital statement - must identify name of participant or dependent, service to be rendered, estimated cost of service; statement must be on doctor's/hospital's letterhead and signed by the provider
- letter from insurance carrier (if applicable) - must identify amount to be paid by insurance or denying coverage

HARDSHIP WITHDRAWAL GUIDELINES

Non-Eligible Expenses

- cosmetic surgery is generally not eligible (unless required due to accident or medical condition)

REASON: Payment of Tuition and Related Educational Expenses

Basic Requirements

- tuition and/or related educational fees must be for a post-secondary education at an accredited college, university or trade school for either the participant, participant's spouse, or participant's dependents (post-secondary education must require individual to have a high school diploma or GED)
- expenses must be for the current semester or for next 12 months of education
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

TUITION AND BOARD

- copy of tuition and/or board bill - must include name of student and name of educational institution, fee for tuition (may be broken down by class) for the **current** or **next semester**, fee for board for **current** or **next semester**

RELATED EDUCATIONAL FEES - must include copy of tuition bill or letter of college enrollment along with the following appropriate documentation:

- copy of bill(s) or booklist - must show fees for labs or list from bookstore with price of books, current date
- copy of bill for computer - must have current date

Non-Eligible Expenses

- payment of outstanding student loan is not eligible

REASON: Prevention of Eviction or Foreclosure from the Participant's Principal Residence

Basic Requirements

- eviction or foreclosure must be on participant's principal residence
- date of eviction or foreclosure must be in the future
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR EVICTION FROM APARTMENT COMPLEX OR PROPERTY RENTED BY INDIVIDUAL

- eviction notice - must identify name of participant (as tenant); provide participant's address, amount needed to prevent eviction, and date on which amount must be paid; be dated and signed by owner or representative of apartment complex or landlord; state that eviction proceedings will begin if amount not paid

FOR FORECLOSURE

- foreclosure notice - must be from mortgage company, other appropriate agency, or state or local taxing authority; identify name of participant; provide participant's address; amount needed to prevent foreclosure; date on which amount must be paid; be dated and signed by authorized representative of mortgage company, other appropriate agency and/or taxing authority; state that foreclosure proceedings will begin if amount not paid

Note: The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.

HARDSHIP WITHDRAWAL GUIDELINES

Non-Eligible Expenses

- past due utility, water, and property tax bills are not eligible (*Exceptions*: Property tax bills that may lead to sale of principal residence if bill is not paid and utility and water bills that are included in an eviction notice.)

REASON: Payment of Funeral and/or Burial Expenses

Basic Requirements

- funeral and/or burial expenses must be for the participant's deceased parent, spouse, child or dependent
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

- copy of funeral and/or burial bill – must identify names of family member (i.e., deceased parent, spouse, child or dependent) and billed amount

Non-Eligible Expenses

- amounts already paid through insurance

REASON: Repair Damage to Principal Residence Due to Casualty Loss

Basic Requirements

- damage to principal residence must be due to a casualty loss (fire, storm, disaster, or other casualty) that can be deducted on your tax return under casualty provision (determined without regard to whether the disaster is federally declared or whether the loss exceeds 10% of adjusted gross income)
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

- documentation must describe cause of casualty loss (fire, storm, disaster, or other casualty) and date of casualty loss
- documentation must show amount covered/not covered by insurance
- copy of repair bill(s)/estimate to have damage repaired – must satisfactorily indicate that the repairs are needed due to casualty loss, describe the repairs, including the date(s) of repair (in process or completed), and cost/estimated cost of repairs

Non-Eligible Expenses

- amounts already paid through insurance

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions**

Give Form W-4R to the payer of your retirement payments.

2026

1a First name and middle initial	Last name	1b Social security number
---	-----------	----------------------------------

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
---	----------	---

**Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.**2026 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

* If married filing separately, use \$400,450 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.