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Version 0618

Whether your annuity payments are subject to state tax withholding depends on the state in which you reside and the withholding elections you make. Please find your residence state—on any of these four pages—and complete the form as directed. If you make an election of any kind, you must complete the Personal Information section at the bottom of page 4 and return the entire form.

Special note for clergy: State tax laws generally follow the federal government but you should follow the advice of your own tax advisor in completing this form.

Please complete personal information below:						
Pı	rint Full Name Social Security Number					
an	aska, Florida, Hawaii, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington d Wyoming residents only: No state income taxes will be withheld. You do not need to complete or return is form.					
Lo	abama, Arkansas, Colorado, Connecticut, District of Columbia, Idaho, Illinois, Indiana, Kentucky, uisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, North akota, Ohio, Pennsylvania, Rhode Island, South Carolina, West Virginia and Wisconsin residents only:					
Sta	ate income tax withholding is voluntary.					
	I I want the same withholding as federal.					
Ar	izona resident only:					
Arizona withholding is a percentage of the amount of federal income tax withheld. Therefore, you may elect voluntary Arizona income tax withholding only if you have federal income tax withheld. □ No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal						
	Information on page 4.					
	I choose to have withholding at a rate of: □ 10% □ 19% □ 23% □ 25% □ 31% □ 37% of the federal tax withheld.					
Ca	lifornia residents only:					
	lless you elect otherwise, the law requires that personal income tax be withheld from payments of pensions and nuities.					
	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 4.					
	I want this designated amount withheld from each distribution: \$00. If so, skip to Personal Information on page 4.					
	I want withholding from each distribution to be figured using the number of allowances and marital status shown below:					

	Marital Status:	☐ Single or Married (with two or more incomes)☐ Married (one income)☐ Head of Household				
	I want the followin	nces you are claiming: ng additional amount withheld from each distribution: \$00. Note: You cannot enter an nout entering the number (including zero) of allowances above.				
De	elaware residents	s only:				
	ederal withholding Il elect state withho	is taken, state withholding should also be taken. If federal withholding is not taken, you may olding.				
	No. I do not wish Information on pa	to have applicable state income tax withheld from my distribution. If no, skip to Personal age 4.				
	I want my withhole allowances).	ding based on the following marital status and number of allowances: (enter total number of				
	Marital Status:	☐ Single ☐ Married Filing Joint ☐ Married withhold at higher single rate				
	I want the followin	ng flat dollar amount withheld from my monthly annuity: \$00. ng additional amount withheld from each distribution: \$00. Note: You cannot enter an about entering the number (including zero) of allowances above.				
Ge	eorgia residents (only:				
Wi	thholding is require	ed unless you expressly elect otherwise. If no election is made, withholding applies.				
	No. I do not wish t Information on pa	to have the applicable state income tax withheld from my distribution. If no, skip to Personal age 4.				
	below:	g from each distribution to be figured using the number of allowances and marital status shown				
		□ Single □ Head of Household □ Married Filing Joint (one spouse working) □ Married Filing Joint (both spouses working) □ Married Filing Separate				
	Number of allowances you are claiming: I want the following additional amount withheld from each distribution: \$00. Note: For periodic payments you cannot enter an amount here without entering the number of allowances and marital status above.					
lo	wa residents only	V°				

If federal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you may still elect state withholding. A partial exemption is provided to qualified lowa residents receiving pensions, annuities, self-employed retirement benefits, deferred compensation and other retirement benefits. To qualify you must be 55 years of age or older, disabled or a surviving spouse or other survivor of an individual who would have qualified for the partial exemption in the tax year. To be considered disabled you must be receiving the retirement income on the basis of a documented disability or you must meet federal or state criteria for disability. Social Security benefits are not covered by this exemption. If you are receiving retirement income from more than one source, you are still entitled to claim only a maximum \$6,000/\$12,000 exemption.

	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 4. Note: If the taxable portion of your annual distribution is greater than \$6,000 (\$12,000 married lowa filers), lowa tax must be withheld if federal tax is being withheld.					
	I choose to have lowa income tax withheld from my distribution at a rate of 5%. Select one of the following: ☐ Claiming no exemptions ☐ Exempting \$6,000 in benefits each year ☐ Exempting \$12,000 in benefits each year (married status 2, 3 or 4 lowa filers only)					
	I want the following additional amount withheld from each distribution: \$00.					
Ka	nsas, Maine, Nebraska and Vermont residents only:					
	ou elected federal withholding to be taken, state withholding will also be taken. If you did not elect federal withlding, you may still elect state withholding.					
	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 4. I want withholding from each distribution to be figured using the number of allowances and marital status shown below:					
	Marital Status: ☐ Single ☐ Married					
	Number of allowances: Note: For Maine residents, the number of allowances cannot be greater than the number of allowances claimed on federal Form W-4 or W-4P. For Nebraska residents, we are required to use the marital status and number of allowances claimed on the federal Form W-4 or W-4P if one is on file.					
	I want the following additional amount withheld from each distribution: \$00. Note: You cannot enter an amount here without entering the number (including zero) of allowances above.					
Ma	assachusetts residents only:					
	ederal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you may Il elect state withholding.					
	Information on page 4.					
	☐ Spouse is blind and not subject to withholding					
	Number of exemptions: Additional amount withheld, if any: \$00.					
No	orth Carolina residents only:					
	ederal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you may ect state withholding unless it is an eligible rollover distribution.					
	Check here if you do NOT want any state tax withheld from your annuity. Skip to Personal Information on page 4. Total number of allowances and marital status you are claiming for withholding from each annuity payment:					

	Marital Status: ☐ Single ☐ Married or Qualifying Widow(er) ☐ Head of Household ☐ Additional amount, if any, you want withheld from each annuity payment: \$00 you can enter an amount here without entering the number (including zero) of allow							
Ol	Oklahoma residents only:							
If y	If you elected federal withholding to be taken, state withholding will also be taken. If you	did not elect federal with-						
ho	holding, you may still elect state withholding.							
	 No. I do not wish to have the applicable state income tax withheld from my distribution personal Information on page 4. Total number of allowances and marital status you are claiming for withholding from (enter number of allowances). Note: You must enter the number of allowances a on the federal Form W-4P. 	each annuity payment:						
	Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at a high	ner "Single" rate						
	☐ I want the following additional amount withheld from each distribution: \$0 amount here without entering the number (including zero) of allowances above.	0. Note: You cannot enter an						
Or	Oregon residents only:							
	If you elect federal withholding to be taken, state withholding will also be taken. If you dholding, you may still elect state withholding.	lid not elect federal with-						
	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 4. Total number of allowances and marital status you are claiming for withholding from each annuity payment: (enter number of allowances)							
Ma	Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at a higher "Single" rate							
	☐ I want the following additional amount withheld from each distribution: \$0 amount here without entering the number (including zero) of allowances above.	0. Note: You cannot enter an						
Ut	Utah residents only:							
Sta	State income tax is voluntary.							
_	Information below.							
	Marital Status: ☐ Single ☐ Married							
	☐ I want the following additional amount withheld from each distribution: \$0 amount here without entering the number (including zero) of allowances above.	0. Note: You cannot enter an						

Vi	Virginia residents only:						
VI	rginia residents omy.						
	federal withholding is taken, state withholding should also Il elect state withholding.	be taken. If fede	eral withholdin	g is not taken, you may			
	I certify that I am not subject to Virginia withholding, either because I have elected "no withholding" for federal puposes, or I meet the conditions for exemption set forth in the instructions for Form VA-4P. Skip to Personal Information below.						
	Additional amount withheld, if any: \$00. Note: For annuity payments, you cannot enter an amount here without entering the number (including zero) of allowances.						
	Voluntary withholding: If you elected "no withholding" for federal purposes, but wish to have Virginia income tax withheld, enter the amount you want withheld from each payment: \$00.						
Ιu	ınderstand:						
	 This payment and any taxes withheld will be reported to me and the appropriate taxing authorities based on the state of residence at the time of distribution. I will receive a Form 1099-R in January of the year following the distribution. 						
Pe	ersonal Information						
Print Full Name		Social Security Number					
Address							
Т	own/City		State	Zip Code			
Si	ignature			Date			
				•			

Please return this completed form to:

The Ministers and Missionaries Benefit Board 475 Riverside Drive, Suite 1700 New York, NY 10115-0049 Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org