









# **Guaranteed Income From Your Plan 3 Investment Account**

Introducing the Annuity Withdrawal Option



#### WHAT IS A LIFE ANNUITY?

A life annuity is a contract that provides guaranteed income for the rest of your life in exchange for a lump-sum dollar amount that you pay up front.

- Single Life Annuity provides guaranteed payments for your lifetime.
- Joint Life Annuity provides guaranteed payments for your lifetime and then for a beneficiary's lifetime.
- Term Certain provides guaranteed payments for your lifetime and for a specific term length. If you should die before the specified period of time, payments will continue to your beneficiary for the balance of the specified period.

#### **HOW MUCH WOULD I RECEIVE EACH MONTH?**

The amount of your annuity payment is calculated using many factors such as the purchase price, your age, your joint annuitant's age, survivorship percentage, cost of living adjustments, and the refund component. For example, a Single Life Annuity without a COLA or refund component would bring in more each month for you, but it would not provide for an annual payment increase, refund of the remaining balance after you die, or a lifetime payment to a survivor. A Joint Life Annuity with a COLA and refund component would include those benefits.

- Visit the Plan 3 website to estimate the amount of your annuity payments with the TAP Annuity Calculator. (https://mp1.newkirkone.com/summitup/ control.aspx.)
- Or call ICMA-RC to estimate the amount of your annuity payments or discuss purchasing an annuity from the Self-Directed investment program. (888-711-8773)

#### IS AN ANNUITY RIGHT FOR ME?

Retirees often choose annuities because they provide guaranteed income for life. They like the security of a set monthly payment that covers part or all of their fixed expenses. However, flexibility is not a feature of annuities. If fixed expenses increase, annuities do not allow retirees to adjust their payment amounts to meet those changing needs. With annuities, you are trading market risk and account growth for the guarantee of a steady, fixed lifetime income stream. Annuities are the only withdrawal option that guarantee you will not outlive your account balance.

#### WHEN CAN I PURCHASE AN ANNUITY FROM PLAN 3?

You can purchase an annuity with all, or part, of your Plan 3 investment account upon separation from service or any time thereafter.

#### WHEN CAN I EXPECT MY FIRST ANNUITY PAYMENT?

You may experience a delay of up to 70 days in receiving your first payment depending on which investment program you use to purchase your annuity.

# WHAT ARE THE TAX CONSEQUENCES OF PURCHASING AN ANNUITY?

You will receive a tax information statement indicating the taxable portion of your annuity payments each year. By submitting a Form W-4P, you may choose the amount you'd like withheld from your payments for federal and/or state taxes. Without a Form W-4P, withholding amounts will follow the IRS guidelines, using a filing status of married with three exemptions. If the purchase was made with a combination of pre-tax and after-tax dollars, please contact ICMA-RC at 888-711-8773.

For more information about tax consequences, review IRS Publication 575, Pension and Annuity Income (available at *www.irs.gov* or by calling 800-829-1040), or consult a professional tax advisor. DRS and ICMA-RC representatives are not authorized to give tax advice.

#### WHO PROVIDES THE ANNUITIES FOR PLAN 3?

If you use funds from the Washington State Investment Board (WSIB) Investment Program, you will purchase a Total Allocation Portfolio (TAP) Annuity, which is administered by the state of Washington.

If you use funds from the Self-Directed Investment Program account, ICMA-RC will arrange the annuity purchase through an insurance company on your behalf.

#### ARE THE ANNUITIES IDENTICAL?

No. The annuities offered by the two investment programs have distinctly different features and options. They are described in the table on the next page.

|  | WSIB Investment Program   | Self-Directed Investment Program  |
|--|---|---|
| Contract Provider  | Washington State  | Private Insurance Company   |
| Minimum Purchase Price   | \$25,000  | \$5,000   |
| Payment Frequency  | Monthly   | Monthly, Quarterly, Semi-Annually, or Annually  |
| Length of Contract   | Provides regular payments for your lifetime<br>(Single Life Annuity) and, if selected, a beneficiary's<br>lifetime (Joint Life Annuity) | Provides regular payments for your lifetime<br>(Single Life Annuity) and, if selected, a beneficiary's<br>lifetime (Joint Life Annuity)   |
| Cost of Living Adjustment  | Automatic annual 3% COLA  | Optional COLA   |
| Conversion Option  | May be converted to a Joint Life Annuity  | No conversion option  |
| Joint Annuitant Option   | Yes   | Yes   |
| Joint Annuitant Survivorship<br>Payment Options  | 100%, 66 <sup>2</sup> / <sub>3</sub> %, or 50%  | 100%, 75%, 66 <sup>2</sup> / <sub>3</sub> %, or 50%   |
| Multiple Purchase Option   | No. Only one TAP Annuity may be purchased per Plan 3 member account.  | Yes. Multiple Self-Directed annuities may be purchased per<br>Plan 3 member account over member's lifetime.   |
| Balance Refund   | Yes   | Optional balance refund   |
| Term Certain Option  | No  | Yes. Provides regular payments for as long as you live. If you should die before the specified period of time (term certain), payments will continue to your beneficiary for the balance of the period. Term certain period options: 5, 10, 15 or 20 years. |
| Rescission Period (length of<br>time during which you may<br>alter or cancel the contract) | 15 days from date of purchase   | Varies. Typically 7-15 days from date of purchase. Contact ICMA-RC for more details.  |

# HOW DO I USE MY PLAN 3 ACCOUNT TO PURCHASE AN ANNUITY?

Step 1: Make sure there is enough money in the appropriate investment account (WSIB or Self-Directed Investment Program) to cover the purchase price. Move funds from one investment program to the other if necessary. It may take up to 70 days to complete the transfer, but you may do this at any time before purchasing your annuity. You do not need to wait until your employment has ended before you transfer funds between investment programs.

Step 2: Complete and provide the following:

- Plan 3 Request for Payment of Defined Contributions Funds Form
- Plan 3 Annuity Payment Request Form
- Form W-4P
- Plan 3 Authorization for Deposit of Payments

- Proof of age. Acceptable documents include: birth certificate, passport, driver license, and Certificate of Armed Services Record—US DD-214.
- Proof of age for your joint annuitant (required for a joint annuity)

**Step 3:** Mail completed forms and proof of age to:

ICMA Retirement Corporation P.O. Box 96220 Washington, DC 20090-6220

Step 4: Your official annuity policy will be mailed to you. If you do not receive your annuity policy within 10 days or if you discover a discrepancy or wish to alter the contract, notify ICMA-RC immediately. Your payments will begin according to the terms of the contract if you do not notify ICMA-RC before the end of the rescission period (noted in the chart above).



### PLAN 3 ANNUITY PAYMENT REQUEST FORM

To request an annuity purchase from Plan 3, complete and return this form and the Plan 3 Request for Payment form (available at www.icmarc.org/plan3) to:

ICMA-RC

P.O. Box 96220

Washington, DC 20090-6220

| Name:                            | Social Security Number: |                 | Retirement System: (check one) |              |           |  |
|----------------------------------|-------------------------|-----------------|--------------------------------|--------------|-----------|--|
|                                  |                         |                 | □ PERS                         | □ SERS       | ☐ TRS     |  |
| Address:                         |                         |                 |                                |              |           |  |
| Daytime Phone Number:            | Evening Phone           | e Number:       | Date of Birt                   | th           |           |  |
|                                  |                         |                 | /                              | /            |           |  |
| Section B: Investment Program a  | nd Annuity Amount       |                 |                                |              |           |  |
| Select the investment program    | from which you wil      | l be making you | r annuity purc                 | hase:        |           |  |
| ■ WSIB Investment Program        | n TAP Annuity (min      | imum purchase   | amount is \$25                 | ,000)        |           |  |
| ☐ Self-Directed Investment       | Program Annuity (m      | ninimum purcha  | se amount is \$                | 5,000)       |           |  |
| I authorize the purchase of an a | nnuity using            | % OR \$         |                                | from my Plan | 3 defined |  |
| contribution account.            |                         |                 |                                |              |           |  |

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.

# Review the Comparison Table from this publication before selecting the type of annuity: (check one) ☐ Single Life Annuity ☐ Joint Life Annuity Specify survivorship percentage: □ 100% □ 66<sup>2</sup>/<sub>3</sub>% □ 50% □ 75% (Self-Directed Investment Program Annuity Option) Name of joint annuitant: Social Security Number: Date of Birth: \_\_\_\_-□ Single Life with Cash Refund (Self-Directed Investment Program Annuity Option) ☐ Joint Life with Cash Refund (Self-Directed Investment Program Annuity Option) Specify survivorship percentage: $\square$ 100% $\square$ 75% $\square$ 66<sup>2</sup>/<sub>3</sub>% $\square$ 50% Name of joint annuitant: Social Security Number: Date of Birth: ☐ Term Certain Single Life Annuity (Self-Directed Investment Program Annuity Option) ☐ Term Certain Joint Life Annuity (Self-Directed Investment Program Annuity Option) Specify survivorship percentage: $\square$ 100% $\square$ 75% $\square$ 66<sup>2</sup>/<sub>3</sub>% $\square$ 50% Name of joint annuitant: Social Security Number: Date of Birth: \_\_\_\_-\_-Section D: Beneficiary Information Indicate the beneficiaries who are to receive a cash refund, if applicable. Primary Beneficiary(ies): Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_/ \_\_\_\_\_/ SSN: \_\_\_\_ - \_\_\_ - \_\_\_ Relationship: **Contingent Beneficiary(ies):** Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_ - \_\_\_\_ Relationship: Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Relationship:

Section C: Annuity Type

## Section E: Purchaser's signature (notarization required)

I hereby request the purchase of an annuity with funds from my Plan 3 account as selected on the front of this form. I attest that all statements on this form are true and correct.

|  |                       |        |      | equest cannot be processed<br>at a Notary Public Signature<br>cal. |
|--|-----------------------|--------|------|--|
| Purchaser's Signature  |                       |        |      |  |
| Signed and attested to before me this  | 3                     |        | ,    | _  |
|  | Month                 | Day    | Year |  |
|  |                       |        |      | Seal   |
| Notary Public Signature and Seal   |                       |        |      | or   |
|  |                       |        |      | Stamp  |
| City of Residence  |                       |        |      |  |
| Section F: Spouse's Declaration of Cons  | ent (notarization req | uired) |      |  |
| If you are married, and select an ann complete and sign this section. If you survivorship annuity. | * *                   |        |      |  |
| I,   |                       |        |      | eby declare that I am aware of the use as indicated on this form.  |
|  |                       | _      | -    | uest cannot be processed a Notary Public Signature                 |
| Spouse's Signature   |                       |        |      | •  |
| Signed and attested to before me this  | s                     |        | ,    |  |
|  | Month                 | Day    | Year |  |
|  |                       |        |      | Seal   |
| Notary Public Signature and Seal   |                       |        |      | or   |
|  |                       |        |      | Stamp  |
| City of Residence  |                       |        |      | _  |

Please include a copy of proof of age for you and your joint annuitant (if applicable).



Department of the Treasury Internal Revenue Service

Your signature ▶

## Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2012

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

What do I need to do? Complete lines A through G of the Personal Allowances Worksheet. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Date ▶

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at <a href="https://www.irs.gov/w4p">www.irs.gov/w4p</a>. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

|          | we release it, will be posted on that page   |  |  |                         |
|----------|--|--|--|-------------------------|
|          | Personal Allowances Worksheet (Keep for your records.)   |  |  |                         |
| 4        | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent  |  |  | Α                       |
| В        | You are married, have only one pension, and your spouse has no income subject to withholding; or   |  |  | В                       |
|          | Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.   |  |  |                         |
| ;        | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a income subject to withholding or more than one source of income subject to withholding. (Entering you avoid having too little tax withheld.)  | ng "-0-"   | may help   | •                       |
|          | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return   |  |  | Б —                     |
|          | Enter "1" if you will file as <b>head of household</b> on your tax return  |  |  | Ę —                     |
|          | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more infe  |  |  | - —                     |
|          | • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible children or <b>less</b> "2" if you have eight or more eligible children.  |  |  |                         |
|          | • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), e  | nter "1  | " for each   |                         |
|          | eligible child   |  |  | F                       |
| à        | Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on  | your tax   | return.)   | G                       |
|          | see the Deductions and Adjustments Worksheet on page 2.  • If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the   | and you<br><b>Multip</b>                                   | ır<br><b>le</b>  |                         |
|          | <ul> <li>If you are single and have more than one source of income subject to withholding and your spouse both have an account to the properties of the prop</li></ul> | and you<br>Multip<br>ttle tax<br>ne G or                   | ir<br>Ie<br>withheld.<br>n line 2  |                         |
|          | <ul> <li>If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too lift neither of the above situations applies, stop here and enter the number from lift of Form W-4P below.</li> <li>Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part</li> </ul>  | and you<br>Multip<br>ttle tax<br>ne G or                   | ir<br>le<br>withheld.<br>n line 2<br>ir records.   | 1545-0074               |
| or       | • If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too lite.  • If neither of the above situations applies, stop here and enter the number from lite of Form W-4P below.  Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part  W-4P  Withholding Certificate for Pension or Annuity Payments  | and you<br>Multip<br>ttle tax<br>ne G or                   | ir<br>le<br>withheld.<br>in line 2<br>ir records.  | 1545-0074<br>1 <b>2</b> |
| te       | • If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too literate of the above situations applies, stop here and enter the number from literate of Form W-4P below.  Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part world Revenue Service  W-4P  Withholding Certificate for Pension or Annuity Payments  For Privacy Act and Paperwork Reduction Act Notice, see page 4.  | and you<br>Multip<br>ttle tax<br>ne G or                   | or le withheld. In line 2 or records.  | 12                      |
| ite      | <ul> <li>If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too lift neither of the above situations applies, stop here and enter the number from lift of Form W-4P below.</li> <li>Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part worksheet of the Treasury</li> </ul> W-4P Withholding Certificate for Pension or Annuity Payments   | and you<br>Multip<br>ttle tax<br>ne G or                   | ir<br>le<br>withheld.<br>in line 2<br>ir records.  | 12                      |
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| lo<br>it | • If you are single and have more than one source of income subject to withholding and your spouse both have income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too life. If neither of the above situations applies, stop here and enter the number from life of Form W-4P below.  Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part with the service with first name and middle initial with the payer of your pension or Annuity Payments.  For Privacy Act and Paperwork Reduction Act Notice, see page 4.  Last name with the married and you and your spouse both have income subject to withholding combined income subject to withholding and your pension of withholding and to be pensions/More-Than-One-Income Worksheet on page 2 to avoid having too life. If neither of the above situations applies, stop here and enter the number from life of Form W-4P to the payer of your pension or annuity. Keep the top part with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your pension or annuity. Last name with the payer of your      | Your s  Claim (if any) annuity                             | withheld. In line 2  Ir records.  OMB No.  Cocial security  or identification of your pensity contract | 12<br>by number         |
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| o lo     | omplete all worksheets that apply.  If you are single and have more than one source of income subject to withholding a combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too li If neither of the above situations applies, stop here and enter the number from li of Form W-4P below.  Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part  W-4P  Withholding Certificate for Pension or Annuity Payments  For Privacy Act and Paperwork Reduction Act Notice, see page 4.  Last name  In the Treasury     | Your s  Claim (if any) annuity                             | or identification of your pensy contract  2 or 3.) ▶ pension or  | 12<br>by number         |

Form W-4P (2012)

|       | (==.=,  |                          |                                      |                          |   |                     |                                       | i age =        |
|-------|---|--------------------------|--------------------------------------|--------------------------|---|---------------------|---------------------------------------|----------------|
|       |   |                          |                                      |                          | djustments Works                                  |                     |                                       |                |
| No    | t <b>e.</b> Use this wor                                  | ksheet <i>only</i>       | if you plan to itemize               | e deductions             | or claim certain cred                             | lits or adjustn     | nents to income.                      |                |
| 1     | charitable conf   | tributions, st           | ate and local taxes,                 |                          | e include qualifying henses in excess of 7.5      | 5% of your in       | come, and                             |                |
|       | miscellaneous   |                          |                                      |                          |   |                     | 1                                     | 5              |
| •     |   |                          | ed filing jointly or qu              | alifying wido            | , ,   |                     | 0                                     |                |
| 2     |   | 700 if head o            |                                      | arataly                  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \             |                     | 2                                     | <b>&gt;</b>    |
| 2     |   | -                        | or married filing sepa               | -                        | ,   |                     | 3 :                                   |                |
|       | Subtract line 2 from line 1. If zero or less, enter "-0-" |                          |                                      |                          |   | -                   | <b>p</b>                              |                |
| 7     |   |                          | •                                    |                          |   |                     |                                       |                |
| 5     |   |                          |                                      |                          | dit amounts from the                              |                     |                                       | ,              |
| ·     |   |                          | ,                                    | •                        | ub. 505.)   | •                   |                                       | \$             |
| 6     | _   |                          |                                      |                          | olding (such as divide                            |                     | -                                     | \$             |
| 7     |   |                          |                                      |                          |   |                     | ,                                     | \$             |
| 8     |   |                          |                                      |                          | here. Drop any fractio                            |                     |                                       |                |
| 9     |   |                          |                                      |                          | et, line G, page 1 .                              |                     | -                                     |                |
| 10    | Add lines 8 an  | d 9 and ente             | er the total here. If y              | ou use the N             | Multiple Pensions/M                               | ore-Than-Or         | ne-Income                             |                |
|       |   |                          |                                      |                          | ise, <b>stop here</b> and e                       |                     |                                       |                |
|       | W-4P, line 2, p   | age 1                    |                                      |                          |   |                     | 10                                    |                |
|       |   |                          |                                      |                          |   |                     |                                       |                |
|       |   |                          |                                      |                          | Than-One-Income                                   |                     |                                       |                |
|       |   |                          |                                      |                          | ere. This applies if you (ar                      |                     |                                       |                |
| one   |   | -                        | - ·                                  | -                        | sion, or a pension and a j                        | -                   |                                       | ouse works).   |
| 1     |   |                          |                                      |                          | 0 above if you used                               |                     |                                       |                |
| •     | -   |                          |                                      |                          |   |                     |                                       |                |
| 2     |   |                          |                                      |                          | <b>EST</b> paying pension t from the highest page |                     |                                       |                |
|       |   |                          |                                      |                          | · · · · · · ·                                     |                     |                                       |                |
| •     |   |                          |                                      |                          |   |                     |                                       |                |
| 3     |   |                          |                                      |                          | om line 1. Enter the rest of this worksheet       | esuit nere (ii      |                                       |                |
| No    |   |                          |                                      |                          | e 2, page 1. Complet                              |                     |                                       | a the          |
|       |   |                          | necessary to avoid a                 |                          |   | e iii ies 4 ti ii o | agir 9 below to ligar                 | e trie         |
| 4     |   | •                        | 2 of this worksheet                  | •                        |   | 4                   |                                       |                |
| 5     |   |                          | 1 of this worksheet                  |                          |   | 5                   |                                       |                |
| 6     | Subtract line 5   |                          |                                      |                          |   |                     | 6                                     |                |
| 7     | Find the amou   | nt in <b>Table 2</b>     | below that applies                   | to the <b>HIGH</b> I     | EST paying pension of                             | or job and ent      | ter it here 7                         | \$             |
| 8     | Multiply line 7   | by line 6 and            | d enter the result he                | re. This is the          | e additional annual wi                            | ithholding ne       | eded 8                                | \$             |
| 9     |   |                          |                                      |                          | 12. For example, divi                             |                     |                                       |                |
|       |   |                          |                                      |                          | 11. Enter the result he                           | ere and on F        |                                       |                |
|       | line 3, page 1.   |                          |                                      | be withheld              | from each payment                                 | · · · ·             |                                       | \$             |
|       |   | Tab                      |                                      |                          |   |                     | ble 2                                 |                |
|       | Married Filing  | Jointly                  | All Other                            | S                        | Married Filing                                    | Jointly             | All Othe                              | ers            |
|       | ges from LOWEST   | Enter on<br>line 2 above | If wages from LOWEST                 | Enter on<br>line 2 above | If wages from HIGHEST                             | Enter on            | If wages from HIGHEST                 | Enter on       |
| payır | g job or pension are –                                    |                          | paying job or pension are-           |                          | paying job or pension are —                       | line 7 above        | paying job or pension are—            | line 7 above   |
|       | \$0 - \$5,000<br>5,001 - 12,000                           | 0<br>1                   | \$0 - \$8,000<br>8,001 - 15,000      | 0<br>1                   | \$0 - \$70,000<br>70,001 - 125,000                | \$570<br>950        | \$0 - \$35,000<br>35,001 - 90,000     | \$570<br>950   |
|       | 12,001 - 22,000<br>22,001 - 25,000                        | 2                        | 15,001 - 25,000<br>25,001 - 30,000   | 2                        | 125,001 - 190,000<br>190,001 - 340,000            | 1,060<br>1,250      | 90,001 - 170,000<br>170,001 - 375,000 | 1,060<br>1,250 |
|       | 25,001 - 30,000   | 4                        | 30,001 - 40,000                      | 4                        | 340,001 and over                                  | 1,330               | 375,001 and over                      | 1,330          |
|       | 30,001 - 40,000<br>40,001 - 48,000                        | 5<br>6                   | 40,001 - 50,000<br>50,001 - 65,000   | 5<br>6                   |   |                     |                                       |                |
|       | 48,001 - 48,000<br>48,001 - 55,000                        | 7                        | 65,001 - 80,000                      | 7                        |   |                     |                                       |                |
|       | 55,001 - 65,000   | 8                        | 80,001 - 95,000                      | 8                        |   |                     |                                       |                |
|       | 65,001 - 72,000<br>72,001 - 85,000                        | 9<br>10                  | 95,001 - 120,000<br>120,001 and over | 9<br>10                  |   |                     |                                       |                |
|       | 85,001 - 97,000   11                                      |                          |                                      |                          |   |                     |                                       |                |
|       | 97,001 - 110,000<br>10,001 - 120,000                      | 12<br>13                 |                                      |                          |   |                     |                                       |                |
| 1     | 20,001 - 135,000  | 14                       |                                      |                          |   |                     |                                       |                |
| - 1   | 35,001 and over   | 15                       |                                      |                          |   |                     |                                       |                |



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