



AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND

PO Box 2673 • New York, New York 10117-0262

POST-RETIREMENT DEATH BENEFIT APPLICATION INSTRUCTIONS WEBSITE

Use this application if the decedent was receiving pension benefits from the Fund

1. The Application:

- This is a fillable form which allows you to enter the information requested into the appropriate spaces. Please answer questions 1 – 15 completely and accurately.
- Print your completed application, make sure to sign and date the application in the presence of a Notary Public, and mail it with all required documents to the Fund Office:

American Federation of Musicians and Employers' Pension Fund

PO Box 2673, New York, NY 10117-0262

Attention: Death Benefit Claims

A certified copy of the Pensioner's Death Certificate is required, unless it has already been submitted.
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2. Other Required Documents:

In addition to the completed application and certified death certificate, please submit all of the required documents, which are applicable, from the following list. See the following page for a list of acceptable proof of age documents.

- If you are the deceased pensioner's spouse, copies of your marriage certificate and proof of age are required.
- If you are **not** the deceased pensioner's spouse, a copy of your proof of age is required.
- If the Beneficiary is a Minor Child, copies of the child's proof of age, Social Security card and Court Letter of Guardianship or Conservatorship of the Estate for the Minor Child are required.
- If the Beneficiary/Alternate Payee is incompetent, a copy of the Durable Power of Attorney or Court Letter of Guardianship or Conservatorship is required.
- If the Beneficiary is the deceased pensioner's Estate, a copy of the Court Letter of Administration or Letters Testamentary are required.
- If the Beneficiary is the deceased pensioner's Trust, a copy of the Trust Agreement, Letter of Acceptance from the Trustee and the Trust identification number are required.
- If the Beneficiary/Alternate Payee died before the pensioner, a copy of the Beneficiary/Alternate Payee's certified death certificate is required.

3. Additional Information:

Here is some additional information that you may wish to know.

Federal Tax Withholding

If you are a US citizen or a person treated as a US person under the US federal tax law who resides in the US, you may choose the amount of Federal Income Tax you want withheld from your monthly benefit by completing the enclosed Form W-4P Federal Withholding Election and returning it to the Fund Office. If you do not return the Form W-4P, the Fund will automatically withhold Federal Income Tax as if you are married and have three withholding allowances. You may not roll over any monthly payments into another tax-qualified employer sponsored retirement plan or your own Individual Retirement Account (IRA).

Different requirements and documentation apply to a US citizen or a Non Resident Alien living in a foreign country. Please see the Notice for Foreign Resident Payee – U.S. Federal Income Tax Withholding which is available in the forms section of the website or by request to the Fund Office.

State Income Tax Withholding

The withholding of State Income Tax is **mandatory** in Kansas, Michigan, Nebraska, Oklahoma, Oregon and Vermont. If your permanent address is in one of these states, you cannot elect out of withholding. Unless you make an election by completing and returning the enclosed Form W-4P (Substitute) State Withholding Election giving the Fund instructions on how to withhold, State Income Tax will be withheld from your monthly pension payments according to the applicable State requirement.

In other States with a State Income Tax, withholding is voluntary and you may elect to have State Income Tax withheld from your monthly pension payments by completing the State Withholding Election form. The amount to be withheld will be determined according to your election and the applicable State requirement.

If you live in a State that does not have State Income Tax, you do not need to complete the State Withholding Election form.

Direct Deposit of Monthly Benefit

Direct deposit is safer, easier and more convenient than getting a paper check in the mail each month. It eliminates the risk of stolen checks and reduces the possibility of fraud. You can elect to have money deposited into up to two different bank accounts. Plus, direct deposit allows immediate access to funds from virtually anywhere. To take advantage of direct deposit, complete the Direct Deposit Authorization form and attach a voided check to it.

The tax withholding and direct deposit forms are also available in the forms section of the website or by request to the Fund Office.

www.afm-epf.org

The Fund Office will acknowledge receipt of the application. If additional information and/or documents are required to complete the application you will be notified.

If you have any questions, or require assistance completing the application, please contact the Fund Office at 1-800-833-8065 extension 1311.

Attachments: Form W-4P – Federal Withholding Election
Form W-4P (Substitute) - State Withholding Election
Notice for Foreign Resident Payee – U.S. Federal Income Tax Withholding
Direct Deposit Authorization Form



AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND

PO Box 2673 • New York, New York 10117-0262

POST-RETIREMENT DEATH BENEFIT APPLICATION - WEBSITE

Your receipt of this application does not imply that there is any entitlement to a death benefit from the Plan. The Plan will make that determination after it reviews a completed application. If you have any questions as to the terms on which death benefits are provided under the Plan, please consult the summary plan description, which is available at <http://www.afm-epf.org>

Section 1: Deceased Pensioner Information

1. Legal Name: _____
Last First Middle
2. Professional Name(s): _____
(If different from #1) Last First Middle
3. Social Security or Pension ID Number: _____
4. Date of Death: _____ 5. Date of Birth: _____
6. Gender: ☐ Male ☐ Female 7. Local Number: _____
8. Marital Status on Date of Death:
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legally Separated

Section 2: Beneficiary/Joint Annuitant Information

9. Name: _____
Last First Middle
10. Address: _____

City State Zip Code
11. Date of Birth: _____ 12. Social Security Number: _____
13. Relationship to Decedent: _____
14. Phone Number: #1 _____ #2 _____

15. Is there a court order requiring the payment of a portion of the Pensioner's pension benefit to a former spouse or any other party? ☐ Yes ☐ No

If the answer is yes, a copy of that complete court order is required.

Section 3: Beneficiary/Joint Annuitant's Affidavit

The above statements are true to the best of my knowledge and belief, under penalty of perjury. I understand that if I make a willfully false or fraudulent statement or furnish fraudulent information or proof, benefits paid on account of my false statement will be denied or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I also understand that any false or fraudulent statement made herein may subject me to penalties under Federal and State law.

This form must be signed in the presence of a Notary Public.

Signature

Date

Section 4: Notary Public Statement

County of _____

State of _____

On this day appeared before me the said _____ personally known to me and duly acknowledges to me that he or she executed the above instrument and declared it to be true knowing that the Board of Trustees of the American Federation of Musicians and Employers' Pension Fund shall rely thereon in passing upon deponent's application for a death benefit. In testimony thereof I have hereunto subscribed my name and affixed my official seal this ____ day of _____, 20____.

(Seal)

Notary Public

My Commission Expires _____

PROOF OF AGE:

This list describes a number of documents, any one of which may be furnished as proof of age. You, your spouse, or proposed joint annuitant should submit a document as high on the list as you can, because the documents listed first are the most convincing. **Photocopies are acceptable.** All foreign language documents are required to be translated into English and notarized.

1. Birth certificate
2. Baptismal certificate, or church record showing date of birth certified by the custodian
3. Notification of registration of birth in a public registry of vital statistics
4. Certification of record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the custodian
6. A foreign government record of birth or age
7. Signed statement by the physician or midwife who attended the birth, as to the date of birth shown on their records
8. Naturalization record
9. Immigration papers
10. Military record
11. Passport
12. School record, certified by the custodian of the record
13. Vaccination record, certified by the custodian of the record
14. An insurance policy, which shows ages or dates of birth
15. Marriage certificate, or application for marriage license or church record certified by the custodian
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, or voting records

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2014

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 2014.

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.

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • 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. </div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return	E _____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	F _____
G	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 _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2014

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

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 line 2 or 3.) ►	<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	(Enter number of allowances.)
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) of allowances on line 2.) ►	\$

Your signature ►

Date ►

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details **1** \$
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$
- 5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) **5** \$
- 6 Enter an estimate of your 2014 income not subject to withholding (such as dividends or interest) **6** \$
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction **8**
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9**
- 10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 **10**

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1**
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3" **2**
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet **3**

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4**
- 5 Enter the number from line 1 of this worksheet **5**
- 6 **Subtract** line 5 from line 4 **6**
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$
- 9 **Divide** line 8 by the number of pay periods remaining in 2014. For example, divide by 12 if you are paid every month and you complete this form in December 2013. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2014. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,680 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your “No Withholding” Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write “Revoked” next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write “Revoked” next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

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 federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. 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). Providing false or 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 possessions 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.



American Federation of Musicians and Employers' Pension Fund

**FORM W-4P (SUBSTITUTE)
STATE WITHHOLDING ELECTION
FOR RECIPIENTS OF PERIODIC PAYMENTS**

Instructions: Please choose one of the following options for your State income tax withholding.

Option A _____ I elect not to have State tax withheld from my pension payments.
This option is not available if your permanent address is in Kansas, Michigan, Nebraska, Oklahoma, Oregon or Vermont where State Withholding is mandatory.

Option B _____ I elect to have State income tax withheld from my pension payments to be figured using the marital status and number of allowances indicated below.

Marital Status: _____ Married _____ Single _____ Married, but withhold at higher, single rate.

Number of allowances: _____

Option C _____ I want the following additional amount withheld from each pension payment.
NOTE: You cannot enter an amount here without entering your marital status and number of allowances in item B.

Additional amount to be withheld: \$ _____

Option D _____ I elect to have State tax withheld from my pension payments at:

FLAT RATE of \$ _____

Even if you elect not to have State income tax withheld in those states where income tax is applicable, you are liable for payment of State income taxes on the taxable portion of your pension. You also may be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax withholding, if any, are not adequate.

Print name: _____

Mailing address: _____

SSN: _____ Pension ID: _____

Your Signature: _____ Date: _____

American Federation of Musicians and Employers' Pension Fund Pension Benefit Direct Deposit Authorization

Send completed form with required documents to the Fund Office:

BY MAIL to AFMEPF, PO Box 2673, New York, NY 10117-0262, or BY FAX to 1-212-284-1298

You may have your net pay allocated and deposited into a maximum of 2 bank accounts. New Accounts must go through a pre-notification process. This means that your bank account information must be validated with the bank before direct deposit can begin. *Please allow 4 to 6 weeks for direct deposit to take effect.* Retain a copy of this form until you have verified that your request has been processed.

Your Name (Print): _____ Pension ID: _____

Social Security #: _____ Phone Number: [_____] _____

Mailing Address: _____

Account One - Check One: ☐ New ☐ Change ☐ Cancel

Name of Bank/Financial Institution: _____

Enter Routing Number: _____ (Series of 9 numbers (would not start with 5) in the lower left corner of your check)

Enter Account Number: _____ (The set of numbers located right after the routing number)

Account Type: ☐ Checking – A voided check for this account must accompany this form, **a deposit slip will not be accepted.**
☐ Savings – A savings deposit slip for this account is not required.

Deposit Instructions (check one): ☐ Deposit the Total Net Pay to this account.*

☐ Deposit \$ _____ of my Total Net Pay to this account and the remaining as instructed below.

*STOP. Sign and date the form below.

Account Two - Check One: ☐ New ☐ Change ☐ Cancel

Name of Bank/Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking – A voided check for this account must accompany this form, **a deposit slip will not be accepted.**
☐ Savings – A savings deposit slip for this account is not required.

Authorization

By signing below, I authorize The American Federation of Musicians and Employers Pension Fund (AFMEPF) and/or its representative to initiate direct deposit (credit) entries. If funds to which I am not entitled are deposited to my account, I authorize AFMEPF and/or its representative to direct the bank to return said funds (debit). I understand that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer (EFT). I understand I will be notified if there is a problem with my ACH account transaction during prenote as stated above.

This authorization is to remain in effect until it is changed or canceled by me via the Direct Deposit Authorization form. I understand that I must allow sufficient time as noted above for the processing of such changes or cancellation.

Pensioner's Signature: _____ Date: _____



American Federation of Musicians & Employers' Pension Fund
P.O. Box 2673, New York, New York 10117-0262
Phone: (212) 284-1200 Toll Free Phone: (800) 833-8065
Fax: (212) 284-1298 Website: www.afm-epf.org

Notice for Foreign Resident Payee U.S. Federal Income Tax Withholding

The United States Internal Revenue Service (IRS) requires the Fund to presume that a payee is a Non Resident Alien and subject to 30% non-resident alien withholding on benefit payments (as defined and discussed below) unless the Fund has a Social Security Number (SSN) on file for the payee and the Fund has a mailing address for the payee in the United States or in a foreign country with which the United States has an income tax treaty (that provides that, if the payee is resident in that country, the payee would be exempt from United States tax on this benefit income). For this reason, it is important that the Fund have the correct Federal Tax Withholding documentation including a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) from participants and beneficiaries with foreign addresses.

- You are a Non Resident Alien (NRA) if you are not a citizen of the United States (US) (or are otherwise treated as a US person – e.g., as a resident alien – under the federal tax law).
- Generally, a 30% non-resident alien withholding rate will apply unless certain requirements are met.
- If you reside in a country that has an income tax treaty with the US, you may be eligible to have no withholding apply or be eligible for a non-resident alien withholding rate less than 30%.
- If you reside in a country that does not have an income- tax treaty with the US, a 30% non-resident alien withholding rate will apply.
- **You must submit a properly completed original IRS Form W-8BEN** (see the URL below), including your SSN or ITIN, before payment of your benefit can begin. If you do not do so, non-resident alien withholding at 30% will be withheld until the form is received by the Fund, even if you reside in a country with an income tax treaty with the US and are claiming treaty benefits.
- If you do not have a SSN and are not eligible for one, you must get an ITIN before completing the Form W-8BEN. Apply to the IRS for an ITIN using IRS Form W-7 (see the URL below).

- If you are a **United States citizen** (or are otherwise treated as a US person – e.g., as a resident alien – under the federal tax law) and reside in a foreign country:
 - You **must** submit an original IRS Form W-9 before payment of your pension benefit begins to ensure that you will be classified as a US person. In that event, withholding on periodic and lump sum benefits will be imposed as set forth in Part 2 of the Pension Application relating to US persons. Please note that the election to be exempt from income tax withholding is not available to any benefit sent to an address outside the United States.
 - If a completed IRS Form W-9 is not submitted to the Fund Office before payment of your pension benefit begins, the Fund may be required to presume that you are a NRA, in which case non-resident alien withholding at 30% will be withheld until the form is received by the Fund.

Please note: You **must notify** the Fund if you have a change in circumstances that makes any information on the Form W-8BEN or W-9 that you submitted incorrect. This includes a change of address to a US address or to another country for which you are claiming treaty benefits.

If you require assistance with the completion of the applicable form(s), please consult your tax advisor, review the instructions and download the form(s) from the IRS website.

The URL for the Form W-7 is www.irs.gov/pub/irs-pdf/iw7.pdf

The URL for the Form W-8BEN is www.irs.gov/pub/irs-pdf/iw8ben.pdf

The URL for the Form W-9 is www.irs.gov/pub/irs-pdf/iw9.pdf



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