

# Retiree Help Line 1-800-647-3674

**INSTRUCTIONS:** Federal law requires you to make a withholding election regarding your pension benefit. You can elect to have no withholding. If you fail to make any election, the law requires automatic withholding based on you being married and claiming three withholding allowances. Your election will remain in effect until you change it.

Even if you elect not to have federal income tax withheld, you are responsible for payment of any federal income tax due. You also may be subject to tax penalties if your payments of estimated tax and/or withholding, if any, are not adequate. Complete your election by indicating your state allocation where it applies, and initialing the one option you elect. If electing option 1,2,3 or 4, apply the information that option requires. Sign and date your completed form in the space provided below.

## Federal Tax (Check one box)

With reference to my monthly pension benefit I elect the following:

### Options:

- ☐ 1. Withhold at the married rate with \_\_\_\_\_ allowances  
number Initial Here
- ☐ 2. Withhold at the single rate with \_\_\_\_\_ allowances  
number Initial Here
- ☐ 3. Withhold at the rate checked above Plus an **additional**  
amount of \$\_\_\_\_\_ per month. Initial Here
- ☐ 4. No withholding. Initial Here

## State Tax (Indicate State and Check one box)

With reference to my monthly pension benefit I elect the following:

- I choose to have my state tax allocated to : \_\_\_\_\_  
State Initial Here
- ☐ 1. Withhold at the married rate with \_\_\_\_\_ allowances  
number Initial Here
- ☐ 2. Withhold at the single rate with \_\_\_\_\_ allowances  
number Initial Here
- ☐ 3. Withhold at the rate checked above Plus an **additional**  
amount of \$\_\_\_\_\_ per month. Initial Here
- ☐ 4. Withhold ONLY a flat amount of \$\_\_\_\_\_ per month. Initial Here
- ☐ 5. No Withholding Initial Here

Signature

( \_\_\_\_\_ )  
Daytime Phone Number

Print Name

Retiree/Beneficiary Social Security Number

## Address Information

☐ New Home Address

☐ Cancel Direct Deposit - Home Address Verification

Please note: If this is a permanent address change to a different state, you MUST fill out the state tax election area listed above. Otherwise, state tax will continue under the previous state residence indicated on your monthly payment advice.

Print Name

Print Street Address

Print City, State, Zip code

Retiree/Beneficiary Signature

Retiree/Beneficiary Social Security Number

Please return completed form to:

Comerica Bank, Po Box 75000, Detroit, MI 48275-3434  
Fax: 313-222-9008

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## Electronic Funds Transfer Authorization

### Section 1

#### Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

☐ NO, please proceed and complete section 2

☐ YES, please fill out the Financial Institution information below, then proceed to section 2

Foreign Financial Institution Name: \_\_\_\_\_

Foreign Financial Institution Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Section 2

Information on the benefit recipient

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Former Employer/Plan Sponsor: \_\_\_\_\_

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: \_\_\_\_\_

Deceased Retiree's Social Security Number: \_\_\_\_\_

Please complete if you are receiving benefit payments from Comerica under more than one plan

☐ Please apply my direct deposit plan to all affected plans.

☐ Please only apply my direct deposit information to the following plan:

*I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the \_\_\_\_\_ plan via the Automated Clearing House (ACH) system to the financial institution and account number named below.*

US Financial Institution Name: \_\_\_\_\_

US Financial Institution Address: \_\_\_\_\_

US Financial Institution's ACH Routing/Transit Number \_\_\_\_\_

☐ Checking ☐ Savings Account Number \_\_\_\_\_

*I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.*

Retiree/Beneficiary's Signature: \_\_\_\_\_

Please return completed form to:

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Fax: 313-222-9008