



Municipal Employees' Annuity and
Benefit Fund of Chicago
321 North Clark Street, Suite 700, Chicago, Illinois 60654
Telephone: 312-236-4700 Fax: 312-527-0192
www.meabf.org

W-4P FEDERAL TAX WITHHOLDING PREFERENCE CERTIFICATE

SECTION 1 – BENEFIT RECIPIENT INFORMATION:

PLEASE SELECT ONE	RETIRED EMPLOYEE	WIDOW(ER)	CHILD	EMPLOYEE ON DISABILITY
Name(First,MI,Last)	Social Security Number:		Telephone Number:	
Address:	City,State,Zip:		Email:	

You have the right to elect not to have Federal withholding apply to your monthly benefit payment. An election not to have Federal withholding apply will remain in effect until you revoke it, which you may do at any time. You may elect not to have withholding apply by checking the appropriate box, signing, dating and returning the election form set forth below. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld from your monthly benefit payments, you may incur IRS penalties for failing to make adequate estimated tax payments.

Note: Please be advised that the benefit payments you receive from this Fund are not subject to taxation by the State of Illinois. This is in accordance with House Bill 4644 passed on July 17, 1972. If you live outside the State of Illinois and would like to have your state income tax withheld from your monthly benefit payment, please contact the Northern Trust Company at (312) 557-9700.

SECTION 2 – FEDERAL TAX WITHHOLDING PREFERENCE:

Please check ONLY ONE of the following
<p>1) I elect not to have federal income tax withheld from my payment.</p>
<p>2) Please withhold according to IRS withholding tables based on the elections I have indicated below:</p> <p style="margin-left: 40px;">A & B REQUIRED (if box 2 selected)</p> <p style="margin-left: 80px;">A) Single Married</p> <p style="margin-left: 80px;">B) Number of exemptions _____</p> <p style="margin-left: 40px;">OPTIONAL</p> <p style="margin-left: 40px;">In addition to the amount from the IRS withholding tables, Please withhold the following additional amount \$ _____.</p>
<p>3) Instead of the IRS withholding tables, please withhold an exact amount of \$ _____ from each monthly payment.</p>
I HEREBY AUTHORIZE MEABF TO APPLY THE FEDERAL WITHHOLDING PREFERENCE I HAVE INDICATED ABOVE.
<p>SIGNATURE* X _____ DATE X _____</p>

* POWER OF ATTORNEY OR GUARDIAN SIGNING ON BEHALF OF THE BENEFIT RECIPIENT MUST SUBMIT COURT DOCUMENTS IF NOT ALREADY SUBMITTED.

MAIL COMPLETE FORM TO | MEABF | 321 N. CLARK STREET, SUITE 700 | CHICAGO, IL 60654
OR
FAX TO | (312) 527-0192