

FEDERAL AND STATE INCOME TAX WITHHOLDING ELECTION FORM
FOR MONTHLY PAYMENTS FROM THE PENSION FUND

Federal and state law require that the Pension Fund withhold income tax from your monthly payments unless you elect otherwise. You may elect not to have withholding apply, or to have a specific amount withheld. Your election remains valid until you revoke it by filing another Election Form. You have the right to revoke your election at any time.

The following elections shall apply to my monthly payments from the BSA-ILA Pension Fund:

A. Federal Income Tax (check one):

1. Do not deduct *Federal Income Tax Withholding* from my monthly payments.
2. Deduct a TOTAL OF \$ _____ *Federal Income Tax Withholding* from my monthly payments.
3. I would like the Fund to deduct *Federal Income Tax Withholding* from my monthly payments in accordance with IRS regulations, which, in 2010, require the Fund to treat me as a married individual with three withholding allowances. I recognize that this may or may not be the correct deduction for me.

IMPORTANT: Please be advised that if you do not have sufficient tax withheld, and you later find you owe Federal Income Tax at the time you file your Income Tax Return, you may be subject to penalty and interest charges.

B. Massachusetts Income Tax (check one):

1. Do not deduct *Massachusetts Income Tax Withholding* from my monthly payments.
2. Deduct a TOTAL OF \$ _____ *Massachusetts Income Tax Withholding* from my monthly payments.
3. I would like the Fund to deduct *Massachusetts Income Tax Withholding* from my monthly payments in accordance with state tax regulations. I recognize that this may or may not be the correct deduction for me.

IMPORTANT: Under state law, the Fund is obligated to make a deduction if you are having Federal Income Tax Withholding deducted. Under state law, as under Federal law, if you do not have sufficient tax withheld, and you later find you owe Massachusetts Income Tax at the time you file your state return, you may be subject to penalty and interest charges.

Fund employees are not authorized to advise you on your tax status. Only you or your Tax Consultant can properly determine the amount to be deducted.

Signature

Social Security Number

Date

Return to: BSA-ILA PENSION TRUST FUND
Charlestown Navy Yard
197 Eighth Street, Suite 775
Charlestown, MA 02129-4208