BENEFIT RECIPIENTS' WITHHOLDING PREFERENCE CERTIFICATE

Please check only one (Box 1, Box 2, or Box 3).

1. ☐ I do not wish to have Federal withholding tax deducted from my benefit. I realize that I am liable for payment of Federal Income Tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payments rules if my payments of estimated tax and withholding are not adequate.

If you select Box 2 or Box 3, you must complete the Exemptions Claimed section. Otherwise, it will be assumed that your filing status is married with 3 exemptions.

2. ☐ The following exemptions are being claimed and I wish to have the Alabama Peace Officers' Annuity & Benefit Fund determine the amount, **if any**, of Federal income tax to be withheld in accordance with the tax tables and the exemptions claimed below.

3. ☐ I wish to have $_____ withheld from each **MONTHLY** benefit check, if that amount is greater than would have been withheld on the basis of exemptions claimed on the tax tables. Otherwise, withhold in accordance with the tax tables.

EXEMPTIONS CLAIMED

A. Please indicate IRS filing status:

☐ Single ☐ Married

B. Exemptions Claimed: (Check more than one if necessary in your situation)

☐ 1 for yourself ☐ 1 for your spouse ☐ Other

_____Total exemptions claimed

I hereby submit this statement of preference regarding how my benefit is to be treated for purposes of Federal Income Tax withholding.

_____ _____ _____
(Social Security Number) **(Printed Name)** **(Membership No.)**

_____ _____
(Date) **(Signature)**

_____
(Current Mailing Address) **(City) (State) (Zip Code)**

Please return this form to: **Alabama Peace Officers' Annuity & Benefit Fund**
Post Office Box 2186
Montgomery, AL 36102-2186