

# TAX WITHHOLDING ELECTION FOR UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP) INCOME

UBEN 106 (R11/08) University of California Human Resources and Benefits

Send to:  
UC HR/Benefits  
Retirement Administration  
P.O. Box 24570  
Oakland CA 94623-1570

The laws and UC policies governing tax withholding vary according to the type of payments you are receiving, your residency status, and where your payments are sent.

## WHEN TO USE THIS FORM

Use this form to elect or change your withholding for UCRP monthly retirement income, survivor income, or disability income. You may wish to refer to IRS form W-4P and California state form DE-4P to help determine your tax withholding. UC will also accept these forms instead of this form for your tax withholding election.

There are penalties for not paying enough tax during the year, either through monthly withholding or estimated federal tax payments. *IRS Publication 505* explains the estimated tax requirements and penalties in detail. *IRS Publication 575* provides general information on the taxability of annuities. These publications are available from the Internal Revenue Service ([www.irs.gov](http://www.irs.gov); IRS Western Distribution Center, Rancho Cordova, CA 95743-0001; telephone number: 1-800-829-3676).

## SECTION 1—PERSONAL INFORMATION

Please provide all the information requested on the form. Be sure to inform UC HR/Benefits of future address changes.

## SECTION 2—TAX WITHHOLDING ELECTION

**Federal Income Tax** If you made no previous tax withholding election, UC automatically withholds federal income tax from your monthly payments based on the tax table for a **married individual claiming three allowances**. If you prefer to have a different amount withheld or to have no tax withheld, complete Section 2A.\*

### California State Income Tax

**California Residents** If you made no previous tax withholding election, UC automatically withholds California tax from your monthly payments based on the tax table for a **married individual claiming three allowances**. If you prefer to have a different amount withheld or to have no tax withheld, complete Section 2B.

**Non-California Residents** Effective January 1996, states are prohibited from taxing nonresident pensions. If you previously elected to have California state income tax withheld, your election remains in effect until you change it. You may wish to consult a tax advisor regarding your individual situation. UC does **not** withhold income tax for states other than California.

## CHANGES TO YOUR ELECTION

Your election will remain in effect until you change it by submitting another *Tax Withholding Election for UCRP Income* form. You may make changes as often as you like and will be notified annually of your right to do so. Submitting a new form automatically revokes your previous election. If Retirement Administration receives the form by the seventh day of the month, your election will be effective with the check you receive at the end of the month. To request a form, call the UC HR/Benefits Customer Service Center at 1-800-888-8267.

\* If your payment is to be delivered to a foreign address that is not a U.S. possession, tax will be withheld automatically; you may not elect no withholding.

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## 1. PERSONAL INFORMATION

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

MAILING ADDRESS (Number, Street, City, State, ZIP, Country)

DAYTIME PHONE

(       )

- Status: (check one)     UCRP Member                       Survivor or Contingent Annuitant                       Former Spouse  
                                  PERS Plus 5 Member                       PERS Plus 5 Survivor                       PERS Plus 5 Former Spouse  
                                  415(m) Restoration

## 2. TAX WITHHOLDING ELECTION

**A. FEDERAL INCOME TAX.** Please withhold federal income tax as shown (if you do not make an election, your previous election will remain in place):

- Married, \_\_\_\_\_ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).  
 Single, \_\_\_\_\_ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).  
 **In addition** to the tax table amount, withhold \$ \_\_\_\_\_ monthly. (You must also check and complete the "married" or "single" line above.)  
 Withhold a flat monthly dollar amount **only**: \$ \_\_\_\_\_. Do not withhold based on the tax table.  
 Withhold \_\_\_\_\_% **only**. Do not withhold based on the tax table.  
 Do not withhold federal income tax. (You may not choose this option if payments are to be delivered to a foreign address that is not a U.S. possession.)

**B. CALIFORNIA STATE INCOME TAX.** Please withhold California state income tax as shown (if you do not make an election, your previous election will remain in place):

- Married, \_\_\_\_\_ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).  
 Single, \_\_\_\_\_ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).  
 In addition to the tax table amount, withhold \$ \_\_\_\_\_ monthly. (You must also check and complete the "married" or "single" line above.)  
 Withhold a flat monthly dollar amount **only**: \$ \_\_\_\_\_. Do not withhold based on the tax table.  
 Withhold \_\_\_\_\_% **only**. Do not withhold based on the tax table.  
 Do not withhold California state income tax.

## 3. SIGNATURE

SIGNATURE

DATE

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.