



Pension Fund of the Christian Church

Substitute State Tax Withholding Certificate: Vermont

I: INSTRUCTIONS

You are required to make a state withholding election for your account(s) held by Pension Fund of the Christian Church by completing this Substitute State Withholding Certificate. If withholding is required by your state and you do not make an election, or if your election is less than the amount required, Pension Fund will apply withholding at the minimum rate based on your state of residency. If you elect not to have state income tax withheld, and you reside in a state that requires that state income taxes be withheld for certain types of payments, Pension Fund will comply with state law.

Your election on this Certificate will remain in effect for all distributions from your account(s) to which it applies until you revoke it. You may revoke and/or change your election at any time by completing a new Substitute State Withholding Certificate and returning it to Pension Fund. Any new election will be effective as soon as practicable after receipt. You may revoke an election and/or make a new election as often as you wish.

IMPORTANT NOTE: While this Certificate is intended to provide you with information regarding your state income tax withholding law, Pension Fund cannot guarantee the accuracy or timeliness of information because state tax laws are subject to change and interpretation. We recommend that you consult with your legal or tax advisor, or with your state department of revenue, for the most up-to-date information for your state of tax residence. Certificate must be completed in its entirety to be valid.

II: MEMBER INFORMATION

Full Name (Type or Print)	Social Security Number ____ - ____ - _____
Address (Street/P.O. Box/Rural Route)	
City/State/ZIP Code	Phone Number

III: TAX ELECTION INFORMATION

State withholding is required if you elect to have Federal tax withheld. If you elect not to have Federal tax withheld, you may still elect state withholding.

Option 1. I do not want state income tax withheld from my plan distribution(s). STOP here.¹

Option 2. I want to have state income tax calculated and withheld from my plan distribution(s) based on my substitute W-4P on file at Pension Fund. If you wish to change you tax elections for federal and state tax election, please contact Pension Fund for an additional W-4P.

I want the following additional amount withheld from my plan distribution: \$_____.²

¹Please see back page. ²Please see back page.



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IV: CERTIFICATION

I certify that I have completed this Certificate and, to the best of my knowledge and belief, it is true, complete and correct.

Signature _____ Date ____/____/____

Printed Name _____ Pin # _____

¹ *In making this election, you are certifying that you are not subject to state withholding, either because you have elected “no withholding” for federal purposes, or because you otherwise meet your state’s conditions for exemption.*

² *For periodic payments, you cannot enter an additional withholding amount without entering the number of allowances/exemptions.*