



**Pension Plus Retirement Plans**

This form applies to:  401(k) Plan  457 Plan

<b>Name</b>		<b>Social Security Number</b>
<b>Address</b>		<b>Daytime Phone</b>
<b>City</b>	<b>State</b>	<b>Zip</b>

- 1. COMPLETE A OR B (do NOT complete both)
- 2. COMPLETE C
- 3. SIGN AND DATE
- 4. RETURN TO: **Voya Financial®**  
Attn: State of Michigan 401(k) and 457 Plans  
P.O. Box 57669  
Jacksonville, FL 32241-7669

**A Federal Tax Withholding for “Eligible Rollover Distributions”** If your distribution choice results in payments that are expected to be received over a period less than 10 years, federal law requires a mandatory 20 percent to be deducted from each payment. If you would like to have additional federal taxes withheld, please indicate the amount or percentage below.

Additional amount, if any, to be deducted from each payment: \$ \_\_\_\_\_ or \_\_\_\_\_%

**B Federal Tax Withholding for Distributions Not Eligible for Rollover** If your distribution choice results in payments that are expected to be received over a period more than 10 years or you are receiving Required Minimum Distribution (RMD) payments, you may indicate the amount or percentage to be withheld. If no selection is made, federal law requires 10% to be withheld from each payment. You may select 0.

Amount to be deducted from each payment: \$ \_\_\_\_\_ or \_\_\_\_\_%

**C State Tax Withholding** — Please complete *Michigan Form W4-P*

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons having their payment delivered outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

I understand that the amount of withholding I have indicated above will apply to all future payments until I submit a form indicating a different amount.

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

\_\_\_\_\_  
**SIGNATURE (do not print)**

\_\_\_\_\_  
**DATE**