STANISLAUS COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

SPECIAL "VENTURA" ADDITIONAL BENEFIT RETROACTIVE

ONE-TIME PAY INCOME TAX WITHHOLDING FORM

This form is limited to the one-time "Ventura" retroactive pay . This special one-time pay will increase your taxable income for calendar year 2006. You are responsible for having enough tax withheld throughout the year to avoid paying any underpayment penalties. To help you meet your income tax withholding needs, please complete this tax withholding form and return to:

Attention: "Ventura" Tax Withholding
StanCERA
P. O. Box 3150
Modesto, CA 95353-3150

RETIREE DATA

To be completed by retiree, beneficiary or other eligible recipient:

_____
Last Name First Name Middle Initial

_____
Number, Street & Apartment (if applicable)

_____
City/Town State Zip Code

Social Security Number: _____ - _____ - _____

Telephone Number: (_____) _____ - _____

SPECIAL ONE-TIME VENTURA PAYMENT WITHHOLDINGS

StanCERA will not withhold any taxes unless specifically elected by you.

Please complete the section below if you want to elect to have federal and/or state taxes withheld:

☐ I elect to have _____% in federal taxes withheld from my distribution.

☐ I elect to have _____% in California state taxes withheld from my distribution.

ACKNOWLEDGMENT AND AUTHORIZATION:

I sign below acknowledging that the above percentage(s) will only be applied to my one-time "Ventura" additional benefits retroactive payment.

_____ _____
Signature of Retiree, Beneficiary or other Eligible Recipient Date

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