

# The National Elevator Industry Pension Plan

## Please follow the instructions listed below:

- Read the “Pension Instructions” procedures booklet found on the Plan’s website:  
**<https://www.neibenefits.org/resources/forms/>**
- Print out the Pension Application only. You do not need to print the Procedures booklet.
- To run a pension calculation, use the NEI Member Portal at:  
**<https://memberportal.neibenefits.org/nei>**
- Sign in if you already have an account. If you do not have an account, select “Create Account”, and follow the prompts. It takes about two minutes.
- Once logged in to the Member Portal, go to the Pension Projections screen. Enter the appropriate Retirement Date and click on “Calculate” to view your estimate and calculation options.
- Review your pension calculation carefully. Please note that the pension calculation will not take into account a Qualified Domestic Relation Orders (“QDRO”) or disability that you may have.
- If you make a mistake cross out the mistake and initial your correction.
- **You may complete and return the pension application with appropriate documents to pension@neibenefits.org, fax to 610-325-9028, or via US mail to the Benefits Office.** Please note that communications via email over the internet are not secure. Although unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.
- Return the original of page 11 of your pension application if notarization is required by US Mail.
- Upon receipt, the Benefits Office will review your application for completeness and send you a confirmation with an updated pension calculation via US mail to the address provided in your application.
- Note that your pension application can become effective no earlier than the first of the month following receipt of your pension application.
- The pension type and benefit election cannot be changed after you retire.
- If you decline health coverage under the NEI Health Benefit Plan it cannot be reinstated at a later date.
- The Benefits Office cannot assist with completing IRS Form W-4P (income tax withholding). If you have questions please contact your accountant and/or tax preparer.

**STATE TAXES CANNOT BE DEDUCTED.**

MEMBER LOGIN

## NATIONAL ELEVATOR INDUSTRY PENSION PLAN

19 Campus Blvd., Ste. 200  
Newtown Square, PA 19073-3288  
Phone No.: 800-523-4702, follow prompts #2, #5 & #4

### PENSION APPLICATION

(PLEASE RETURN ALL PAGES OF THE APPLICATION OR THE APPLICATION WILL BE VOID)

#### PART I – GENERAL INFORMATION

1. Name (Last, First, Middle): \_\_\_\_\_

2. Address: \_\_\_\_\_  
Number and Street

3. Telephone Number: (      ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ | Cell Number: (      ) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Social Security Number (last 4 digits only): \_\_\_\_\_ XXX-XX-

6. Local Union Number: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Date You Retired or Plan to Retire: \_\_\_\_\_ (Must be the 1<sup>st</sup> of a month. Your pension can become effective no earlier than the month following receipt of your application in the Benefits Office.)

9. Did you serve in the Armed Forces of the United States after you began your employment in the  
Elevator Industry? YES or NO (circle one)

If Yes, from \_\_\_\_\_ (Mo/Yr.) to \_\_\_\_\_ (Mo./Yr.)  
(Enclose copy of Military discharge and service record – copy of Form DD214)

10. Were you ever out of work from the Elevator Industry due to Sickness or Accident?

YES or NO (circle one)

If Yes, from \_\_\_\_\_ (Mo/Yr.) to \_\_\_\_\_ (Mo./Yr.)  
OR CURRENTLY DISABLED (circle)

11. Are you now receiving or have you received Weekly Income Benefits under the National Elevator  
Industry Health Benefit Plan? YES or NO (circle one)

If Yes, from \_\_\_\_\_ (Mo/Yr.) to \_\_\_\_\_ (Mo./Yr.)

12. Are you now receiving or have you received Workers' Compensation benefits from any State or the  
Federal Government? YES or NO (circle one)

If Yes, from \_\_\_\_\_ (Mo/Yr.) to \_\_\_\_\_ (Mo./Yr.)

13. (a) Date you first worked with the tools in the Elevator Industry: \_\_\_\_\_  
(b) Date you last worked with the tools in the Elevator Industry: \_\_\_\_\_

**14. Reason for leaving the Elevator Industry:**  LAID-OFF  DISABLED  RETIRED  OTHER (circle one)

If other, please state reason: \_\_\_\_\_

**15. Type of Pension for which you are applying: (check one)**

- Normal Retirement Pension** (Age 65-1 or greater)
- Early Immediate Retirement Pension** (Ages 55-65)
- Disability Pension** (Complete Question 16\*)
- Vested Pension** (To be used if you left the trade prior to age 55)

**16.** If you are applying for a Disability Pension type, complete the following:

**(a) Nature of your disability**

(b) Date you last actually worked with the tools in the Elevator Industry

(c) Have you applied for Social Security Disability Benefits? YES or NO (circle one)  
if yes, date applied \_\_\_\_\_  
and what is the status? APPROVED REJECTED PENDING (circle one)

If approved, enter the Effective Date payments were or will be made: \_\_\_\_\_

If you have received a Notice of Award for Social Security Disability Benefits, please send a complete copy with this application; otherwise, mail a copy of the Notice to the Benefits Office when received. **DO NOT DELAY MAILING THIS APPLICATION. MAIL IT WHEN COMPLETED.**

Furthermore, regardless of the type of pension you are applying for, you cannot receive Weekly Indemnity (Short Term Disability/Weekly Income) payments within in the same month as a pension payment.

**17a.** Starting with your most recent employment, list the names and addresses of all employers for whom you worked in the Elevator Industry. Complete to the best of your knowledge. Attach additional sheets if you need more space.

<b>Name of Employer</b>	<b>From</b> <u>Mo./Yr.</u>	<b>To</b> <u>Mo./Yr.</u>
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(‘To’ date cannot be ‘present’ or after your Pension Effective Date in Question #)

**17b.** If you have at any time been employed by a general contractor as a Temporary Car Operator, please list such employment below starting with your most recent employment.

<u>Name of Employer</u>	<u>Address</u>	<u>From</u> <u>Mo./Yr.</u>	<u>To</u> <u>Mo./Yr.</u>

**18.** Did you ever work as a management/salaried employee in the Elevator Industry?  
YES or NO (circle one) If yes, list company and date(s).

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

**19.** Did you ever work in the Elevator Industry for a company that did not participate in the NEI Benefit Plans ("non-contributory"), including an institution of higher learning?  
YES or NO (circle one) If yes, list company and date(s).

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

**20.** Are you currently or have you ever worked as an Elevator Inspector? YES or NO (circle one)

<u>Company Name</u>	<u>Address</u>
From _____ To _____	

**21.** Do you intend to terminate your employment in the Elevator Industry? YES or NO (circle one)

If yes, termination date: \_\_\_\_\_  
(Must be prior to retirement date in Question#8)

*In order to receive a pension from the Plan you must withdraw completely from any further employment in work of the type covered by the trade or craft jurisdiction of the Union except as otherwise provided by the Plan. If you return to such employment after retirement, you must notify the Benefits Office in writing within 30 days. **Under such employment, your pension benefits will be suspended and you risk permanent loss of health coverage, if you are eligible and elect such coverage as a retiree.***

*If you receive a Disability Pension from the Plan you may not engage in any regular gainful occupation or employment for compensation or profit except such employment which is found by the Trustees to be for the purpose of rehabilitation and not incompatible with the definition of Total and Permanent Disability. **Also, you must inform the Plan if you lose entitlement to Social Security Disability benefits.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

### VOLUNTARY AUTHORIZATION OF DIRECT PAYMENT FROM MY MONTHLY PENSION TO THE NATIONAL ELEVATOR CONSTRUCTORS POLITICAL ACTION COMMITTEE (“NECPAC”)

I hereby authorize and direct the National Elevator Industry Pension Plan to deduct from my monthly pension benefit the amount set forth below and to remit that amount on a continuing basis to the National Elevator Constructors Political Action Committee (“NECPAC”).

I understand that I can contribute more or less than the amount set forth below through other methods such as direct contributions to NECPAC. I further understand that this is a voluntary contribution and that whether or not I make any contributions to NECPAC shall in no way affect my rights under the National Elevator Industry Pension Plan or impact my rights under the Constitution and By-Laws of the International Union of Elevator Constructors.

I understand that the money I contribute will be used for political purposes and I understand that all or some of the amount I contribute may be used to influence the election or defeat of candidates in elections for federal, state or local office or to address political issues and referendums of public importance.

This authorization has been voluntarily made, and I understand that I may revoke this authorization at any time by notifying the National Elevator Industry Pension Plan in writing of my revocation.

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**YES**, please deduct from my monthly pension benefit the amount of: \$ \_\_\_\_\_, and remit that amount on a continuing basis to the National Elevator Constructors Political Action Committee (“NECPAC”). I make this contribution voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly pension benefit, or any portion thereof, to NECPAC. I understand that NECPAC has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

**NO**, I do not wish to participate.

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Date

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Signature

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Print Name

Contributions or gifts to NECPAC are not tax deductible for federal income tax purposes.

# THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

## PART A LIFE INSURANCE CONVERSION PRIVILEGE

The \$40,000 Group Life insurance terminates upon retirement (except for eligible Disability Retirees under age 65). You may convert all or any part of your \$40,000.00 Group Life Insurance with no medical examination or other evidence of insurability to an individual self policy:

- By applying to the Plan's life insurance vendor within 31 days after such termination
- In any amount up to the amount for which you were insured under the Group Life Policy of the Health Benefit Plan as an active employee/participant.
- To an individual life insurance policy then customarily issued by the life insurance vendor (except Term Insurance)

Check box if you would like to receive an application (**cost of coverage supplied by Insurer**)

## PART B BASIC HEALTH BENEFITS FOR PARTICIPANTS AND ELIGIBLE DEPENDENTS PROVIDED BY HEALTH BENEFIT PLAN (also see Part D)

**IMPORTANT:** The applicant is reminded that Health Benefits are available only to those members who have had coverage under the Health Benefit Plan immediately prior to retirement. Disability Retirees should complete only Part "C" and, if elected, Part "D". The cost of the insurance coverage elected is subject to change at the discretion of the Trustees, at any time. **IF THE COVERAGE IS REJECTED, IT CANNOT BE REINSTATED.**

Basic Health Benefits (that is, all benefits except Life Insurance, Weekly Indemnity Insurance, Dental and Vision Coverage) are extended to you, your spouse and eligible children, provided you authorize a monthly deduction from your pension. See Part D for Dental and Vision coverage. These benefits will be modified when you and/or your spouse become Medicare eligible. **You must elect Medicare Parts A & B when eligible.** In this regard, see your Health Benefit Plan Summary under "Co-ordination with Medicare." You must elect the Health Insurance coverage for yourself in order for your spouse to qualify for such coverage. Divorce terminates coverage for your spouse, though your spouse may be offered a temporary extension of coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

CHECK  
ONE  
ONLY

**YES**, deduct from my pension the cost of health benefit coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

**Provide names and dates of birth of ALL eligible dependents to be covered:**

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
name \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
name \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
name \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
name \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**NO**, I do not want basic Health Benefits and understand that I will also not be entitled to Dental and Vision coverage nor be entitled to elect these coverages at a later date

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Spouse must be listed as a dependent above or spouse will not be covered)

# THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

## PART C

### HEALTH COVERAGE AND LIFE INSURANCE BENEFITS FOR DISABILITY RETIREES ONLY AND HEALTH COVERAGE BENEFITS FOR THEIR ELIGIBLE DEPENDENTS PROVIDED BY THE HEALTH BENEFIT PLAN (also see Part D)

Under the terms of the National Elevator Industry Health Benefit Plan, you may continue your life insurance coverage and basic Health Benefits for yourself and your spouse and eligible children (with the exception of Weekly Indemnity Insurance, Dental and Vision coverage) until you reach age 65 by authorizing a monthly deduction from your pension benefit. After you attain age 65, Health Benefits (that is, all benefits except Life Insurance and Weekly Indemnity Insurance) are available to you, your spouse and eligible children, as well as Dental and Vision coverage if you were covered by it prior to age 65. See Part D for Dental and Vision coverage. **You must elect Medicare Parts A & B when eligible.** In this regard, see your Health Benefit Plan Summary under "Co-ordination with Medicare."

CHECK  
ONE  
ONLY

**YES**, deduct from my pension the cost of basic Health Benefit coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

#### Provide names and dates of birth of ALL eligible dependents to be covered:

Spouse:	name	Date of Birth:	month	day	year
Children:	name	Date of Birth:	month	day	year
	name	Date of Birth:	month	day	year
	name	Date of Birth:	month	day	year

**NO**, I do not want the basic Health Benefits and understand that I will also not be entitled to Dental and Vision coverage or life insurance coverage nor be entitled to elect these coverages at a later date.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Spouse must be listed as a dependent above or spouse will not be covered)

## THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN

### PART D DENTAL AND VISION COVERAGE ELECTION (AVAILABLE ONLY IF PART B OR C IS ELECTED)

If you are eligible and have elected the basic Health Benefits coverage under Part B or C, you are eligible to elect the Dental and Vision benefits provided by the National Elevator Industry Health Benefit Plan. To be eligible you must have been insured for these coverages immediately before your retirement. If you are eligible and do not elect this coverage, you may not elect it in the future.

The cost for you, your spouse and eligible dependent children is in ADDITION to the cost of basic Health Benefit coverage and will be deducted from your monthly pension payment. This coverage may be discontinued independently of the Health Benefit coverage at any time, at your written direction, but ONCE DISCONTINUED IT MAY NEVER AGAIN BE REINSTATED.

CHECK  
ONE  
ONLY

**YES**, deduct from my pension the cost of Dental and Vision coverage under the National Elevator Industry Health Benefit Plan. I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit, or any portion thereof, to the National Elevator Industry Health Benefit Plan. I understand that the National Elevator Industry Health Benefit Plan has no enforceable right against the National Elevator Industry Pension Plan or to any part of my pension benefit.

#### Provide names and dates of birth of ALL eligible dependents to be covered:

Spouse: _____	Date of Birth: _____	month	day	year
name				
Children: _____	Date of Birth: _____	month	day	year
name				
_____	Date of Birth: _____	month	day	year
name				
_____	Date of Birth: _____	month	day	year
name				

**NO**, I do not want Dental and Vision coverage and I understand that I will not be entitled to elect these coverages at a later date.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Spouse must be listed as a dependent above or spouse will not be covered)

PART II - BENEFIT ELECTION

**Section A. Election of Benefit Form-** Please review the attached estimated pension calculation sheet and read the attached explanations of the benefit options carefully before you make your selection. If you would like additional information, please contact The Benefits Office. **ALL APPLICANTS MUST SIGN AND DATE THIS PAGE.**

**MARRIED APPLICANTS SELECT ONE OF THE FOLLOWING BENEFIT FORMS (Initial One):**

I hereby select the following benefit payment form (initial one):

- a.
  - 1.  50% Surviving Spouse Pension Only
  - 2.  50% Surviving Spouse Pension with 5 Year Certain and Life Option\*
  - 3.  50% Surviving Spouse Pension with 10 Year Certain and Life Option\*
  
- b.
  - 1.  75% Surviving Spouse Pension Only
  - 2.  75% Surviving Spouse Pension with 5 Year Certain and Life Option\*
  - 3.  75% Surviving Spouse Pension with 10 Year Certain and Life Option\*
  
- c.
  - 1.  100% Surviving Spouse Pension Only
  - 2.  100% Surviving Spouse Pension with 5 Year Certain and Life Option\*
  - 3.  100% Surviving Spouse Pension with 10 Year Certain and Life Option\*
  
- d.
  - 1.  Straight Life Benefit Form

**UNMARRIED APPLICANTS SELECT ONE OF THE FOLLOWING BENEFIT FORMS (initial)**

I hereby select the following benefit payment form (initial one):

- a.  Straight Life Benefit Form Only.
  
- b.  Straight Life Benefit Form with 5 Year Certain and Life Option\*
  
- c.  Straight Life Benefit Form with 10 Year Certain and Life Option\*

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**ONLY COMPLETE THE INFORMATION IN THE BOX BELOW IF YOU SELECTED A 5 OR 10-YEAR CERTAIN AND LIFE OPTION ABOVE. (DENOTED WITH AN ASTERISK\*)**

\*If any of the 5 or 10 Year Certain and Life Options are selected, then any benefits payable after my death should be made to:

**(PRIMARY BENEFICIARY) - Must be spouse if married:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**(ALTERNATE BENEFICIARY) [only one]:**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Section B. Certification of Marital Status (TO BE COMPLETED BY ALL APPLICANTS)

I understand that the law provides that if I am married on the Effective Date of my pension, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 180-day period ending on my Pension Effective Date. I understand that this spousal benefit is automatically provided by the plan as a 50% Surviving Spouse Pension. Finally, I understand that I may change my election by writing the Benefits Office at any time before the Effective Date of my pension.

I certify that: (check one)

I am married (Complete Section C below)

I am married and the person signing Section G - Spouse's Consent to Waiver of Survivor Benefits - is my legal spouse. (Complete Section C below)

I was never married.

I was previously married but I am not legally married at this time. (Complete Section D below for each spouse)

I am married but that I am unable to locate my spouse. (complete Section C below. You will be required to complete an additional form which will be provided by the Benefits Office.)

I understand that the Benefits Office may make inquiries about my marital status with various organizations and individuals and I consent to such inquiries and the release of any information about my past or present marital status from my employers, my Local and International Union and any other organization or individual which may have such information.

## Section C. Information About Your Spouse (TO BE COMPLETED BY ALL MARRIED APPLICANTS)

Spouse's Name \_\_\_\_\_

Give your spouse's full name, including maiden name. Example: Jane Doe Smith

Spouse's Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Where Married: \_\_\_\_\_

(City and State)

Spouse's Social Security Number \_\_\_\_\_

## Section D. Details of Prior Marriages (COMPLETE IF APPLICABLE – member only)

Name of Spouse (including maiden name) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Where Married: \_\_\_\_\_

(City and State)

This marriage ended by: (check one)

Death of Spouse on: \_\_\_\_\_ (Attach copy of death certificate)

Divorce on: \_\_\_\_\_

(For member only: attach copy of divorce decree, property settlement agreement and any domestic relations order(s) dealing with your former spouse's rights to your pension benefit.)

Do you have a Qualified Domestic Relations Order, or have one in the process of being filed, assigning a portion of your pension benefit to an Alternate Payee? (If you answer yes, please attach a copy of the order.)

YES      or      NO      (circle one)

**NOTE:** If you had more than one prior marriage you must supply the same information as in Section D above for each prior spouse. Attach additional sheets if you need to. All questions must be answered.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Section E. Designation of Beneficiary for Death Benefits, Life Insurance Benefits, and Return of Personal Contributions**

- You can designate more than one individual as your beneficiary. If only one individual is designated, he or she will receive the full amount. If you designate more than one beneficiary, be sure to indicate the percentage each beneficiary will receive, the total of which must equal 100%. If you do not indicate the percentage each beneficiary will receive, they will share equally.
- If you do not designate a beneficiary or if all of your beneficiaries predecease you, benefits will be paid to the individuals and in the order provided in the Pension Plan, or in the Health Benefit Plan, whichever is appropriate.

**Lump Sum Death Benefit:** The National Elevator Industry Pension Plan provides for the payment of a Lump Sum Death Benefit totaling \$5,000 to your named beneficiary or beneficiaries. However, under the Plan, the Lump Sum Death Benefit is not payable to the designated beneficiary of a retired employee receiving a Disability Pension who is under 65 and entitled to a life insurance benefit under the National Elevator Industry Health Benefit Plan. **THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS.**

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage

**Life Insurance Benefits Payable to Disability Pensioners Under Age 65:** In the case of a Disability Pensioner under age 65 who is eligible for health coverage, life insurance benefits are payable to your named beneficiary or beneficiaries in the amount of \$40,000 from the National Elevator Industry Health Benefit Plan. Accidental Death benefits are also payable if you die in a covered accident.

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS WHO WORKED IN THE ELEVATOR INDUSTRY PRIOR TO JAN 1, 1983 ONLY:**

**Refund of Personal Contributions:** In the event of your death and the death of your spouse, if applicable, prior to the time your total pension payments equal or exceed the value of your personal contributions and accrued interest, your beneficiary or beneficiaries are entitled to a refund of the excess. (Refer to Pension Plan Summary Plan Description for further explanation.) A statement of the amount of your personal contributions and the interest credited will be provided on the Calculation Sheet sent to you with your first pension payment.

Name, Address and Phone Number of Beneficiary	Social Security Number	Relationship	Percentage

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Section F. Employee's Statement**

(PLEASE READ CAREFULLY BEFORE SIGNING. TO BE SIGNED BY ALL APPLICANTS)

I hereby consent to payment of my benefit from the National Elevator Industry Pension Plan in the form I have elected on page 8 of this application. The information I have provided on this application is true and correct to the best of my knowledge and belief. The Trustees shall have the right to recover payments made to me that are based on a false statement.

I have read the Explanation of Benefit Election form which was sent with this application.

I understand that if I am now married and if I have elected a Straight Life Benefit, it means that no monthly pension benefits will be paid to my spouse by the Plan after my death. My spouse may receive the Lump Sum Death Benefit and/or a Refund of Personal Contributions if I have designated my spouse as a beneficiary for such benefits and such benefits would be paid under the terms of the Plan following my death.

I further understand that I can change my election of a pension benefit form by writing to the Benefits Office BEFORE the Effective Date of my pension. I also understand that my election of a benefit form may not be changed on or after the Effective Date of my pension.

I hereby designate the individual(s) listed in Section E, as my beneficiary(ies) to receive the benefits, if any, payable at my death under the rules of the Plan.

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**SIGNATURE OF APPLICANT**

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**DATE****Section G. Spouse's Consent to Applicant's Election of a Benefit Form other than the 50% Survivor Benefits. (TO BE COMPLETED BY SPOUSE ONLY IF MARRIED AND IF A BENEFIT OTHER THAN THE 50% SURVIVING SPOUSE PENSION (a.1 on pg. 8) HAS BEEN ELECTED BY THE EMPLOYEE.)**

I, \_\_\_\_\_, am the spouse of the above-named Employee.  
(SPOUSE'S NAME)

I have reviewed my spouse's election of a benefit other than the 50% Surviving Spouse Pension (a.1.) in Section A (pg. 8) of this application. I hereby consent to my spouse's selection of an optional benefit form. I understand that if a Straight Life Benefit has been elected, I will not receive monthly pension benefits from the Plan after my spouse's death. Additionally, I understand I will not be eligible for continued Health Benefit Plan benefits after my spouse's death unless I am now eligible, and I have been covered by the Health Benefit Plan for at least 5 years immediately prior to my spouse's death. Regardless of the benefit form elected, I may receive a Lump Sum Death Benefit and/or Refund of Personal Contributions if I am the designated beneficiary at the time of my spouse's death and such benefits are payable under the terms of the Plan. I further understand that if my spouse has elected a Straight Life Benefit, the benefits paid to my spouse while he or she is living will be higher than they would be if I had the protection of the Surviving Spouse Pension. I have also reviewed my spouse's designation of a beneficiary in Section E (pg. 10) of this form. I consent to my spouse's designation of a beneficiary. I understand that such designation cannot be changed or revoked without my consent.

---

**Date**

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**Spouse's Signature**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ known to  
(SPOUSE'S NAME)  
me to be the person described in and who executed the foregoing statement, and (s)he duly  
acknowledged to me that (s)he executed the same.

(Seal)

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Notary Public

My Commission Expires \_\_\_\_\_

## **DOCUMENTATION CHECKLIST**

Please refer to your pension application instructions to determine what documentation you should submit to the Benefits Office. **Please send PHOTOCOPIES ONLY. Originals will not be returned to you.** If you are not able to enclose one or all of the documents with your pension application, please give your reasons below for each one. All documentation applicable to you must be forwarded to the Benefits Office. The process of your application may be delayed pending receipt of all documentation.

Please check if applicable documents enclosed:      YES    or    NO

IRS FORM W4-P (Federal Income Tax Withholding) [Enclosed]

**MEMBER'S BIRTH CERTIFICATE** (or state-issued Drivers License)

**SPOUSE'S BIRTH CERTIFICATE** (or state-issued Drivers License)

**MARRIAGE CERTIFICATE**

**VOIDED CHECK FOR DIRECT DEPOSIT** (or letter from your bank)

DIVORCE DECREE(S) – Members' divorce(s) only    
**(THIS INCLUDES ANY MARITAL OR PROPERTY SETTLEMENT AGREEMENT(S) IN FULL)**

SOCIAL SECURITY DISABILITY AWARD (Full Copy)

DD214 FORM

(must have been in Covered Employment immediately prior to and after military service)

**TERMINATION LETTER FROM EMPLOYER** (If Salaried/Management Only)

**QUALIFIED DOMESTIC RELATIONS ORDER**

**OWNER** (need proof of termination of ownership)

**REASONS FOR DELAY OF EACH DOCUMENT NOT ENCLOSED:**

**REASONS FOR DELAY OF EACH DOCUMENT NOT ENCLOSED:**

# THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

**THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR PENSION PAYMENT BY DIRECT DEPOSIT.**

**COMPLETE THIS FORM, SIGN, DATE AND RETURN TO:**

**National Elevator Industry Pension Plan**

19 Campus Blvd, Ste. 200

Newtown Square, PA 19073-3288

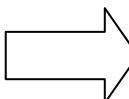
**SOCIAL SECURITY NUMBER** (last 4 digits only) or ALTID: \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** (      ) \_\_\_\_\_

**ACKNOWLEDGEMENT:** I am the payee under the above Social Security/Alt ID number and I hereby request that until further written notice from me is filed with Pension Plan Administrator, all payments be directly deposited in the account at the Bank designated below. I authorize the Bank designated to debit my account and to refund any overpayments to the National Elevator Industry Pension Plan.

 **APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BANK INFO: CHOOSE ONE (1) OPTION BELOW AND FOLLOW THE INSTRUCTIONS TO ENROLL**

**CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A CHECKING ACCOUNT:**

\*\*You **MUST** attach a copy of a blank check marked "VOID" in order for this request to be processed\*\*

(OR A LETTER FROM THE BANK (ON LETTERHEAD) WITH YOUR ACCOUNT NUMBER AND ROUTING NUMBER)  
(NO CASH CARDS/CHIME/ZELLE/NETSPEND ACCEPTED)

**ATTACH VOIDED CHECK HERE**

**CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A SAVINGS ACCOUNT:**

\*\*You **MUST** complete the information below and send a letter from the bank for this request to be processed\*\*

- **9-DIGIT ACH BANK ROUTING NUMBER:** \_\_\_\_\_
- **SAVINGS ACCOUNT NUMBER:** \_\_\_\_\_
- **NAME AND ADDRESS OF BANK TO WHICH PAYMENT IS TO BE MADE:**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Telephone Number ( ) \_\_\_\_\_ Extension \_\_\_\_\_

**DO NOT COMPLETE UNLESS  
USING A SAVINGS ACCOUNT**

# THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

**THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR PENSION PAYMENT BY DIRECT DEPOSIT.**

The Benefit Office recommends Direct Deposit for pension payments because it offers:

1. Immediate access to funds
2. Saves time by eliminating postal time and trips to the bank
3. More security without the risk of lost or stolen checks.

Step 1: Complete Enrollment form on previous page and return it to the Benefit Office

Step 2: Once enrolled, you will receive a monthly **Notice of Deposit**, a check stub showing the amount of pension monies deposited into your account, any deductions you have elected to have withheld from your pension, and year-to-date amounts. **It is recommended that these stubs be retained for tax planning purposes.**

## Questions about Direct Deposit

If you have certain circumstances where direct deposit may not be feasible, including retiring outside the United States, residing in a nursing home, or other extenuating circumstances, please call the Benefits Office to discuss if direct deposit can be facilitated (800)- 523-4702 follow prompts #4, #5, #2.

For those who opt-out of direct deposit, checks are mailed two business days prior to the scheduled pay date. **Please be aware that once payments are sent to the Post Office, we have no control over the length of delivery time and your pension check may not be delivered on the first of the month. Please be patient as checks are frequently received late and a replacement check will only be issued after the 8<sup>th</sup> of the month.**

**SEE REVERSE SIDE FOR DIRECT DEPOSIT APPLICATION**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	<p>(c) <input type="checkbox"/> <b>Single or Married filing separately</b></p> <p><input type="checkbox"/> <b>Married filing jointly or Qualifying surviving spouse</b></p> <p><input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)</p>		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3-4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$	
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$	
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . .	3(c) \$	
	Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . .	3	66

<b>Step 4: Other Adjustments</b>	<b>(a) Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld from <b>each payment</b> .	<b>4(c)</b>	\$

I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2.

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

 **Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

 **Social security number and other requirements for credits and deductions.** You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

## Specific Instructions (continued)

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## Step 4(b)–Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	<b>Qualified tips.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	<b>Qualified overtime compensation.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation	1b \$ _____
c	<b>Qualified passenger vehicle loan interest.</b> If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	<b>Seniors age 65 or older.</b> If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	<b>Itemized deductions.</b> Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	<b>Medical and dental expenses.</b> Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	<b>State and local taxes.</b> If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	<b>Home mortgage interest.</b> If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	<b>Gifts to charities.</b> Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	<b>Other itemized deductions.</b> Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	<b>Limitation on itemized deductions.</b>	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: { • \$768,700 if you're married filing jointly or a qualifying surviving spouse • \$640,600 if you're single or head of household • \$384,350 if you're married filing separately }	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	<b>Standard deduction.</b>	
Enter:	{ • \$32,200 if you're married filing jointly or a qualifying surviving spouse • \$24,150 if you're head of household • \$16,100 if you're single or married filing separately }	11 \$ _____
12	<b>Additional standard deduction.</b> If you (or your spouse) are 65 or older.	
Enter:	{ • \$2,050 if you're single or head of household • \$1,650 if you're married filing separately • \$1,650 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65 • \$3,300 if you're married filing jointly and both of you are age 65 or older }	12 \$ _____
13	<b>Cash gifts to charities.</b> If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$ _____
14	Add lines 12 and 13. Enter the result here	14 \$ _____
15	Add lines 11 and 14. Enter the result here	15 \$ _____
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$ _____
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$ _____