

Member's Signature (required)

Alliant Credit Union Representative's Authorized Signature

IRA Withholding Election Change Form

First Name Street Address (include unit #)	Middle Name City	Last Name		
		State/Province	Zip Code/Postal Code	Country
Member Account Number		Phone Number		
WITHHOLDING NOTICE				
you do not check the Federa You may change your withh Withholding from IRA paymo income tax. However, your wi	e subject to Federal Income T Il "No withholding" election b olding election at any time pr ents, when combined with oth thholding election does not aff is if your withholding and estin	oox, Federal withholding voice to a disbursement. The withholding, MAY relies the amount of income	vill be taken from your pa eve you from payment of tax you pay. You may incu	yment(s).
WITHHOLDING ELECTION				
☐ No withholding: I do NOT v	ederal Income Tax withheld fro vant 10% Federal Income Tax v want% Federal Income Ta	withheld from my payment(n 10%)
STATE Only Applies to Reside	nts of California (check one)			
<u> </u>	ate Income Tax withheld from n	• • •		

☐ Customized withholding: I want ______% State Income Tax withheld from my payments (must be greater than 1%)

Date

Date

FAX COMPLETED FORM TO ALLIANT CREDIT UNION: 773-462-8735 ATTN: IRA Services