



TAX WITHHOLDING CERTIFICATE (W-4P) INSTRUCTIONS

1. Read the attached additional instructions to determine your particular withholding requirements. Consult your tax advisor, IRS Publication 505, *Tax Withholding and Estimated Tax*, and/or the Oregon Department of Revenue at 503-378-4988 if you need further assistance.
2. A 20 percent federal withholding is required for eligible rollover distributions (lump sums, partial lump sums, and installments paid out in less than 10 years). You may not choose to have no federal income tax withheld on these distributions, but you may elect to have more than 20 percent withheld.
3. If you forward your distribution request with no W-4P attached, your distribution will have federal and state taxes withheld according to the following applicable default withholding, except as noted above:

Ineligible rollover distribution Periodic Payments	Ineligible rollover distribution Non-Periodic Payments	Eligible rollover distribution
Federal – Married 3	Federal – 10%	Federal – 20%
Oregon State – Single 0	Oregon State – 8%	Oregon State – Single 0

4. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal or state income tax withheld from your distribution payment, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.
5. If you reside in a state other than Oregon as indicated by your legal address supplied to this plan, taxes for the state of Oregon will not be withheld from your payments. If you wish to have state taxes withheld, you must provide the appropriate forms to the Plan with instructions to withhold taxes for your state of residence. U.S. citizens or resident aliens receiving payments that are delivered outside the U.S. or its possessions are required to withhold and cannot choose not to have income tax withheld on line 2 of the federal and state sections of the attached form.
6. If you are submitting a Settlement Agreement, please enclose your W-4P when you mail the documents to the Salem office.
7. If you are submitting the W-4P to change your withholding for future distributions, please mail it to:

CitiStreet
Oregon Savings Growth Plan Administration
P.O. Box 5166
Boston, MA 02206





Name	Social Security Number
Address	
City, State, Zip	Phone Number

A. FEDERAL TAX WITHHOLDING

Check box and complete the following applicable lines:

- Withhold the mandatory 20 percent
Note: 20 percent withholding is mandatory for certain qualifying distributions unless you elect a direct transfer rollover to a traditional IRA or other eligible employer plan.
- I elect not to have income tax withheld from my payment(s). (Do not complete lines 3 or 4.)
- I want my withholding from each **periodic** payment to be figured using the number of allowances and marital status shown. You may also designate an amount on line 4.
 Single Married Married, but withhold at higher single rate. Allowances: _____
- I want the following additional amount withheld from each payment. \$ _____
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 3.

B. STATE TAX WITHHOLDING

Check box and complete the following applicable lines:

- I elect not to have income tax withheld from my payment(s). (Do not complete lines 2 or 3.)
- I want my withholding from each payment to be figured using the number of allowances and marital status shown. You may also designate an amount on line 3.
 Single Married Married, but withhold at higher single rate. Allowances: _____
- I want the following additional amount withheld from each payment. \$ _____
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.

I understand that:

- The amount of withholding I have indicated above will apply to all future payments until I submit a tax withholding certificate indicating a different amount.
- If my distribution choice is determined by the Plan to be an “eligible rollover distribution,” 20 percent will be withheld for federal taxes unless an additional amount is indicated above.
- Processing any changes may take up to 30 days.

X _____ Date

Participant’s Signature (Do not print)

FOR OFFICIAL USE ONLY – OREGON SAVINGS GROWTH PLAN		
<input type="checkbox"/> Participant	<input type="checkbox"/> Alternate Payee	<input type="checkbox"/> Beneficiary
Cross-reference Participant Social Security Number		