AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND
PO Box 2673 • New York, New York 10117-0262

DEATH BENEFIT APPLICATION INSTRUCTIONS WEBSITE

1. The Application:

This is a fillable form which allows you to enter the information requested into the appropriate spaces. Please answer questions 1 – 15 completely and accurately.

Print your completed application, make sure to sign and date the application in the presence of a Notary Public.

Mail the application with all required documents to:

American Federation of Musicians and Employers' Pension Fund
PO Box 2673, New York, NY 10117-0262
Attention: Death Benefit Claims

2. Required Documents:

A certified copy of the Pensioner's Death Certificate is required, unless it has already been submitted. A copy will be placed on file and the original will be returned to you.

In addition to the completed application and certified death certificate, please submit all of the applicable required documents from the list below. See the list of acceptable proof of age documents at the end of these instructions.

- If you are the deceased participant/pensioner's spouse, copies of your marriage certificate and proof of age are required.
- If you are **not** the deceased participant/pensioner's spouse, a copy of your proof of age is required.
- If the Beneficiary is a Minor Child, copies of the child's proof of age, Social Security card and Court Letter of Guardianship or Conservatorship of the Estate for the Minor Child are required.
- If the Beneficiary/Alternate Payee is incompetent, a copy of the Durable Power of Attorney or Court Letter of Guardianship or Conservatorship is required.
- If the Beneficiary/Alternate Payee died before the pensioner, a copy of the Beneficiary/Alternate Payee's certified death certificate is required.
- If the deceased participant/pensioner was widowed, a copy of deceased spouse's death certificate is required.
- If the deceased participant/pensioner was divorced even if re-married at death, copies of the complete divorce decree and property settlement are required.
- If the deceased participant/pensioner was legally separated at death, a copy of the court order of legal separation is required.

3. Additional Information: Here is some additional information you may wish to know.

Federal Tax Withholding

If you are a US citizen or a person treated as a US person under the US federal tax law who resides in the US, you may choose the amount of Federal Income Tax you want withheld from your monthly benefit by completing the enclosed Form W-4P Federal Withholding Election and returning it to the Fund Office. If you do not return the Form W-4P, the Fund will automatically withhold Federal Income Tax as if you are married and have three withholding allowances. You may not roll over any monthly payments into another tax-qualified employer sponsored retirement plan or your own Individual Retirement Account (IRA).

Different requirements and documentation apply to a US citizen or a Non Resident Alien living in a foreign country. Please see the Notice for Foreign Resident Payee – U.S. Federal Income Tax Withholding which is available in the forms section of the website or by request to the Fund Office.

State Income Tax Withholding

The withholding of State Income Tax **is mandatory** in Arkansas, California, District of Columbia, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, Oklahoma, Oregon, Vermont and Virginia. If your permanent address is in one of these states, you cannot elect out of withholding. Unless you make an election by completing and returning the enclosed Form W-4P (Substitute) State Withholding Election giving the Fund instructions on how to withhold, State Income Tax will be withheld from your monthly pension payments according to the applicable State requirement.

In other States with a State Income Tax, withholding is voluntary and you may elect to have State Income Tax withheld from your monthly pension payments by completing the State Withholding Election form. The amount to be withheld will be determined according to your election and the applicable State requirement.

If you live in a State that does not have State Income Tax, you do not need to complete the State Withholding Election form.

Direct Deposit of Monthly Benefit

Direct deposit is safer, easier and more convenient than getting a paper check in the mail each month. It eliminates the risk of stolen checks and reduces the possibility of fraud. Plus, direct deposit allows immediate access to funds from virtually anywhere. To take advantage of direct deposit, complete the Direct Deposit Authorization form and attach a voided check that has your name for checking accounts or a deposit slip/bank statement for savings accounts.

Please Note: The Fund cannot accept an authorization for direct deposit to an estate or trust, a company/corporate account, or a checking or savings account owned by another person or entity.

The tax withholding and direct deposit forms are always available in the forms section of the website or by request to the Fund Office.

The Fund Office will acknowledge receipt of the application. If additional information and/or documents are required to complete the application you will be notified.

If you have any questions, or require assistance completing the application, please contact the Fund Office at 1-800-833-8065 select option 2 for the Pension Department.

Attachments: Form W-4P – Federal Withholding Election
Form W-4P (Substitute) - State Withholding Election
Notice for Foreign Resident Payee – U.S. Federal Income Tax Withholding
Direct Deposit Authorization Form

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PROOF OF AGE: This list describes a number of documents, any one of which you may furnish as proof of your age. You should submit a document as high on the list as you can, because the documents listed first are the most convincing. Photocopies are acceptable. All documents in a language other than English must be accompanied by a certified translation.

1. Birth certificate
2. Baptismal certificate, or church record showing date of birth certified by the custodian
3. Notification of registration of birth in a public registry of vital statistics
4. Certification of record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the custodian
6. A foreign government record of birth or age
7. Signed statement by the physician or midwife who attended the birth, as to the date of birth shown on their records
8. Naturalization record
9. Immigration papers
10. Military record
11. Passport
12. School record, certified by the custodian of the record
13. Vaccination record, certified by the custodian of the record
14. An insurance policy, which shows ages or dates of birth
15. Marriage certificate, or application for marriage license or church record certified by the custodian
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, or voting records

AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND

PO Box 2673 • New York, New York 10117-0262

DEATH BENEFIT APPLICATION

Your receipt of this application does not imply that there is any entitlement to a death benefit from the Plan. The Plan will make that determination after it reviews a completed application. If you have any questions as to the terms on which death benefits are provided under the Plan, please consult the summary plan description, which is available at www.afm-epf.org

Section 1: Deceased Participant/Pensioner Information – items 1 - 8

1. Legal Name: _____
   Last First Middle

2. Professional Name(s): _____
   (If different from #1) Last First Middle

3. Social Security or Pension ID Number: _____

4. Date of Death: _____ 5. Date of Birth: _____

6. Gender: ☐ Male ☐ Female 7. Local Number: _____

8. Marital Status on Date of Death: ☐ Married ☐ Single – never married

   ☐ Widowed ☐ Divorced- even if re-married ☐ Legally Separated

Section 2: Beneficiary/Joint Annuitant Information – items 9 - 16

9. Name: _____
   Last First Middle

10. Address: _____

    _____

    _____
    City State Zip Code

11. Date of Birth: _____ 12. Social Security Number: _____

13. Relationship to Decedent: _____

14. Phone Number: #1 _____ #2 _____

15. Email Address: _____

16. Is there a court order requiring the payment of a portion of the Participant's/Pensioner's pension benefit to a former spouse or any other party? ☐ Yes ☐ No
If the answer is yes, copies of that complete court order and property settlement are required.

Section 3: Beneficiary/Joint Annuitant's Affidavit

The above statements are true to the best of my knowledge and belief, under penalty of perjury. I understand that if I make a willfully false or fraudulent statement or furnish fraudulent information or proof, benefits paid on account of my false statement will be denied or discontinued, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I also understand that any false or fraudulent statement made herein may subject me to penalties under Federal and State law.

This form must be signed in the presence of a Notary Public.

_____ _____
Signature Date

Section 4: Notary Public Statement

County of _____

State of _____

On this day appeared before me the said_____
(Print document signer's name)
personally known to me and duly acknowledges to me that he or she executed the above instrument and declared it to be true knowing that the Board of Trustees of the American Federation of Musicians and Employers' Pension Fund shall rely thereon in passing upon deponent's application for a death benefit. In testimony thereof I have hereunto subscribed my name and affixed my official seal this ____ day of _____, 20_____.

_____
Notary Public
My Commission Expires _____

American Federation
of Musicians &
Employers' Pension Fund

PO Box 2673
New York, NY 10117-0262
(212) 284-1200
Fax (212) 284-1300
www.afm-epf.org

In 2023, the IRS revised Form W-4P Withholding Certificate for Pension or Annuity Payments and issued a new Form W-4R Withholding Certificate for Non-Periodic Payments and Eligible Rollover Distributions. As revised, Form W-4P is used for taxable periodic pension payments, and new Form W-4R is used for taxable non-periodic payments and eligible rollover distributions. Basically, the old W-4P was split into two forms. The W-4P rules will apply to new benefit recipients or to anyone who wants to change their federal withholdings and submits a new W-4P.

Current benefit recipients are not impacted by these tax changes. A benefit recipient who was already receiving benefits as of Dec. 31, 2022 will continue to receive the payment unchanged going forward unless a new W-4P is submitted. A new form is not required to be submitted.

The Fund is unable to give additional advice or instructions about how to complete these forms for your individual circumstance. If you need additional assistance completing these forms please contact a tax professional.

W-4P Instructions (Periodic Pension and Annuity Payments)

- Steps 1 and 5 must be completed. Steps 2, 3 and 4 are optional.
- Standard – To have the standard (default) amount of federal taxes withheld from each benefit payment, complete Steps 1 and 5, and the official IRS tax tables will be used to determine the amount of federal tax to be withheld.
- Standard PLUS Additional Amount - If you want extra federal taxes withheld from each benefit payment in addition to the standard (default) amount, complete Step 4(c) and list a flat dollar amount of additional tax to be withheld.
- It is no longer an option to list a total dollar amount to be withheld from each benefit payment. Instead, choose an option in Step 1(c) and list an additional amount in Step 4(c) to reach a total dollar amount to be withheld from each benefit payment.
- No Federal Taxes Withheld - If you do not want any federal taxes withheld from each benefit payment, write "No Withholding" in the blank space below Step 4(c).

W-4R Instructions (non-periodic distributions)

- Steps 1 and 2 must be completed.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.
- Lump Sum Death Benefits and eligible Rollover Distributions - For non-periodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2.
- Required Minimum Distributions - Withholding does not apply to direct rollover to another retirement plan or IRA

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: 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* 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*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

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.

Step 3: Claim Dependent and Other Credits

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** $

Step 4: Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). 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 . **4(a)** $

(b) Deductions. 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 . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

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

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

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*.

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* 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* 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.

CAUTION ***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.*

CAUTION ***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.

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 **Qualified tips.** 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 **Qualified overtime compensation.** 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 **Qualified passenger vehicle loan interest.** 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	**Seniors age 65 or older.** 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	**Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:		
	a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income	**6a**	$
	b **State and local taxes.** 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 **Home mortgage interest.** 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 **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income	**6d**	$
	e **Other itemized deductions.** Enter the amount for other itemized deductions	**6e**	$
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	**7**	$
8	**Limitation on itemized deductions.**		
	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	**Standard deduction.** 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	**Additional standard deduction.** 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	**Cash gifts to charities.** 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**	$

American Federation of Musicians and Employers' Pension Fund

FORM W-4P (SUBSTITUTE)
STATE WITHHOLDING ELECTION
FOR RECIPIENTS OF PERIODIC PAYMENTS

Instructions: Please choose one of the following options for your State Income Tax withholding.

Option A ☐ I elect not to have State Income Tax withheld from my pension payments. This option is not available if your permanent address is in Arkansas, California, Connecticut, District of Columbia, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, Oklahoma, Oregon, Vermont or Virginia where State Withholding is mandatory.

Option B ☑ I elect to have State Income Tax withheld from my pension payments to be figured using the marital status and number of allowances indicated below.

Marital Status: Married ☐ Single ☐ Married, but withhold at higher, single rate ☐.

Number of allowances: _____

Option C ☐ I want the following additional amount withheld from each pension payment. NOTE: You cannot enter an amount here without entering your marital status and number of allowances in item B.

Additional amount to be withheld: $ _____

Option D ☐ I elect to have State Income Tax withheld from my pension payments at:

FLAT RATE of $_____

Even if you elect not to have State Income Tax withheld in those states where income tax is applicable other than the states listed in Option A above, you are liable for payment of State Income Taxes on the taxable portion of your pension. You also may be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax withholding, if any, are not adequate.

Print name: _____

Permanent address:_____

_____

SSN: _____ Pension ID: _____

Your Signature:_____ Date: _____

American Federation of Musicians and Employers' Pension Fund
P.O. Box 2673, New York, NY 10117-0262

Direct Deposit Authorization Form

Please review the instructions and checklist on page 2 before sending the form to the Fund Office.

Section 1 – Your Personal Information

Your Name (Print): _____Pension ID: _____

Social Security #: _____Phone Number: [ ] _____

Mailing Address: _____

_____

Section 2 – Checking or Savings Account Information

The Fund cannot accept an authorization for direct deposit to an estate or trust, a company/corporate account, or a checking or savings account owned by another person or entity. The account must be in the name of the actual pensioner or beneficiary.

Check One: ☐ **New Direct Deposit Request** ☐ **Change Existing Direct Deposit (Enter New Account Details Below)**

Name of Bank/Financial Institution: _____

Account Type: ☐ Checking – **A voided check for this account must be returned with this form.**

☐ Savings – **A savings deposit slip or bank statement must be included with this form.**

Enter Routing Number: _____
If you chose a checking account, this is the series of 9 numbers (not starting with 5) in the lower left corner of your check.

Enter Account Number: _____
If you chose a checking account, this is the series of numbers located right after the routing number on your check.

Section 3 – Cancel Direct Deposit Authorization

☐ **Cancel – Please cancel my Direct Deposit Authorization and resume paper checks effective immediately.**

Mail checks to: ☐ The mailing address listed above.

☐ Enter New Address: _____

_____

Section 4 - Authorization

By signing below, I authorize The American Federation of Musicians and Employers' Pension Fund (AFMEPF) and/or its representative to initiate direct deposit (credit) entries. If funds to which I am not entitled are deposited to my account, I authorize AFMEPF and/or its representative to direct the bank to return said funds (debit). I understand that my bank must be a member of the Automated Clearing House (ACH) in order for my net pay to be processed via Electronic Funds Transfer (EFT). I understand I will be notified if there is a problem with my ACH account transaction during pre-notification.

This authorization is to remain in effect until it is changed or canceled by me via the Direct Deposit Authorization form. I understand that I must allow sufficient time as noted in the instructions for the processing of such changes or cancellation.

Your Signature: _____ **Date:** _____

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Direct Deposit Authorization Instructions

The Fund cannot accept an authorization for direct deposit to:

- an estate or trust, or
- a checking or savings account owned by another person or entity. The account must be in the name of the actual pensioner or beneficiary.

Your bank must be a member of the Automated Clearing House (ACH) for a direct deposit to be made by Electronic Funds Transfer (EFT).

If you want the direct deposit to be made to your checking account, you must include a voided check (that has your name printed on the check) with your completed form. A deposit slip cannot be accepted.

Direct deposits to savings account require a deposit slip or a bank statement from your account confirming the name on the account, and your account and routing numbers.

The account(s) named in a new direct deposit authorization must go through a pre-notification process. This means that your routing number and bank account information must be validated by the Fund's bank with your bank before direct deposit can begin. It can take as long as 6 weeks for a direct deposit to take effect. Retain a copy of this form for your records. The Fund Office will acknowledge receipt of your Direct Deposit Authorization Form shortly after it is received.

Send the completed form to the Fund Office:

BY MAIL: AFMEPF, P.O. Box 2673, New York, NY 10117-0262

BY FAX: 1-212-284-1298

The Direct Deposit Authorization form is available at www.afm-epf.org in the Participants section under Applications and Forms.

Checklist - Have you:

Section 1:

☐ entered all of the information?

Section 2:

☐ checked one of the boxes to indicate whether this is a new request or a change to an existing direct deposit authorization?

☐ printed the name of your bank or financial institution?

☐ checked the account type? Please remember to attach a voided check to the form if you are authorizing a direct deposit to your checking account or a deposit slip or statement from your bank for savings accounts.

☐ entered the routing number and account number?

Section 3:

☐ checked the box to indicate that you are cancelling direct deposit to the account you previously authorized?

☐ checked one of the boxes authorizing benefits checks to be sent to your mailing address or a different address?

Section 4:

☐ signed and dated the form?

American Federation of Musicians & Employers' Pension Fund
P.O. Box 2673, New York, New York 10117-0262
Phone: (212) 284-1200 Toll Free Phone: (800) 833-8065
Fax: (212) 284-1298 Website: www.afm-epf.org

Notice for Foreign Resident Payee
U.S. Federal Income Tax Withholding

The United States Internal Revenue Service (IRS) requires the Fund to presume that a payee is a Non-Resident Alien and subject to 30% non-resident alien withholding on benefit payments (as defined and discussed below) unless the Fund has a Social Security Number (SSN) on file for the payee and the Fund has a mailing address for the payee in the United States or in a foreign country with which the United States has an income tax treaty (that provides that, if the payee is resident in that country, the payee would be exempt from United States tax on this benefit income). For this reason, it is important that the Fund have the correct Federal Tax Withholding documentation including a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) from participants and beneficiaries with foreign addresses.

- You are a Non-Resident Alien (NRA) if you are not a citizen of the United States (US) (or are otherwise treated as a US person – e.g., as a resident alien – under the federal tax law).
    - Generally, a 30% non-resident alien withholding rate will apply unless certain requirements are met.
    - If you reside in a country that has an income tax treaty with the US, you may be eligible to have no withholding apply or be eligible for a non-resident alien withholding rate less than 30%.
    - If you reside in a country that does not have an income tax treaty with the US, a 30% non-resident alien withholding rate will apply.
    - You must provide the Fund Office with an original IRS Form W-8BEN including your ITIN to avoid an automatic 30% federal income tax withholding on your monthly benefits. If a completed Form W-8BEN is not received and processed by the Fund Office before payment of your pension benefit begins, the Fund is required to withhold federal income tax at 30% until a completed Form W-8BEN is received and processed by the Fund.
    - If you do not have a SSN and are not eligible for one, you must get an ITIN before completing the Form W-8BEN. Apply to the IRS for an ITIN using IRS Form W-7 (see URL to IRS below).

- If you are a **United States citizen** (or are otherwise treated as a US person – e.g., as a resident alien – under the federal tax law) and reside in a foreign country:

    - You **must provide the Fund Office** with an original IRS Form W-9 before payment of your pension benefit begins to ensure that you will be classified as a US person. In that event, withholding on monthly benefits will be imposed as set forth in Part 2 of the Pension Application relating to US persons. Please note that the election to be exempt from income tax withholding is not available to any benefit sent to an address outside the United States.

    - If a completed IRS Form W-9 is not received and processed by the Fund Office before payment of your pension benefit begins, the Fund is required to presume that you are a Non-Resident Alien and withhold federal income tax at 30% until a completed IRS Form W-9 is received and processed by the Fund.

Please note: You **must notify** the Fund if you have a change in circumstances that makes any information on the Form W-8BEN or W-9 that you submitted incorrect. This includes a change of address to a US address or to another country for which you are claiming treaty benefits.

If you require assistance with the completion of the applicable form(s), please consult your tax advisor, review the instructions and download the form(s) from the IRS website.

Instructions for:
Form W-7 is www.irs.gov./pub/irs-pdf/iw7.pdf
Form W-8BEN is www.irs.gov./pub/irs-pdf/iw8ben.pdf
Form W-9 is www.irs.gov./pub/irs-pdf/iw9.pdf

Form:
W-7 is www.irs.gov./pub/irs-pdf/fw7.pdf
W-8BEN is www.irs.gov./pub/irs-pdf/fw8ben.pdf
W-9 is www.irs.gov./pub/irs-pdf/fw9.pdf