

# Periodic Payment Request Form



## Request Type (Select One)

New Payment  
  Address/Name Change  
  Payment Change  
  ACH Change  
  Cancel/Death

## Plan Account Information

Plan Account Name <b>Broomfield Pension Plan for General Employees</b>	Plan Account Number <b>1150189504</b>
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## Participant Information

Participant Name		Social Security Number	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Resident of (country):
Address		City	State	Zip Code
Date of Birth	Retirement Date	Date of Death	Division Code	Region Code

## Delivery Instructions (Select One)

Check to Home  
  ACH to Checking  
  ACH to Savings  
  Check to Financial Institution/Alternate Payee  
  Multiple Destinations

**STOP** Use the *Multiple Destinations/Alternate Payee Form* when the participant wants multiple ACH deposits (with the option of one check).

Financial Institution Name	Routing Transit Number	Financial Institution Account Number		
Address	City	State	Zip Code	Country

## Payment Information

<b>Regular Periodic Pay Information:</b> See 'Instructions' section for a list of Pay Types			<b>Special Periodic Pay Information:</b> See 'Instructions' section for a list of Pay Types		
Payment Type	Frequency	IRS Distribution Code	Payment Type	Enter Payment Memo below: (Printed on voucher – 100 characters)	

→ If Frequency is left blank, the participant will be setup with the plan frequency.

Benefit Description	Benefit Amount	Start Date	Stop Date	Benefit Description	Benefit Amount
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
Deduction Description	Deduction Amount	Start Date	Stop Date	Deduction Description	Deduction Amount
	\$				\$
	\$				\$
	\$				\$
	\$				\$
Source Account	Source Amount	Source Account	Source Amount	Source Account	Source Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

## Tax Withholding Election (All Non-Resident Aliens must complete Form W-8BEN)

If you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of the distribution. You may also be subject to tax penalties under the estimated tax payment rules if the payments of estimated tax and withholding, if any, are not adequate.

**FEDERAL Tax Withholding:**  
  None  
  Calculated  
  Calculated plus Additional Amount  
 \$ \_\_\_\_\_  
 Withholding Election Status:  
  Married  
  Single  
 Number of Allowances \_\_\_\_\_

**STATE Tax Withholding:**  
  None  
  Calculated  
  Calculated plus Additional Amount \$ \_\_\_\_\_

State Code	Enter your Withholding Election Status	Number of Allowances
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If state allows a fixed dollar amount as an option, enter \$ \_\_\_\_\_ if elected.

**ARIZONA state ONLY** (Circle One Option): 0%   10%   19%   23%   25%   31%   37%

## Authorization

Participant Signature	Date	Spousal Consent Signature (if applicable)	Date
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I hereby certify that I am authorized to instruct the Trustee with respect to the requested distribution and that the distribution complies with the terms of the plan.

Plan Sponsor Authorized Signature	Date
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Wells Fargo Authorized Signature	Phone Number	MAC	AU	Date
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## Special Instructions (All payments are sent according to above directions unless otherwise noted)

Send First Payment...  
 To Requester  
  Via Check to Participant  
  Via Special Delivery

Special Delivery Instructions

# Periodic Payment Request Form Instructions

## Summary

This section describes the process of completing a **Periodic Payment Request**. When setting up a new participant be sure to complete all of the sections applicable. When making modifications to an existing participant always provide the Plan Account name and number, participant name and SSN. After the basic information, only complete the section(s) of the information that is changing.

**If a participant is requesting a lump-sum payment, communicate this request to Wells Fargo using the appropriate single sum payment form.**

## Request Type

Indicate the type of transaction requested. Each request type is listed below with a description of its appropriate use. Be certain to check and complete the options that apply with the type of change you are submitting.

- New Payment:** Use this request type when setting up a new participant within an existing plan. Complete the following sections of the **Periodic Payment Request:**
- Plan Account Information
  - Participant Information
  - Delivery Instructions (if applicable)
  - Payment Information
  - Tax Withholding Election
- Address/Name Change:** Use this request type when changing the address of a participant. Complete the following sections of the **Periodic Payment Request:**
- Plan Account Information
  - Participant Information with Name and SSN
  - Address Information
- Payment Change:** Use this request type when modifying the payment amount, the deductions, or the withholding information. Complete the following sections of the **Periodic Payment Request:**
- Plan Account Information
  - Participant Information with name and SSN
  - Payment Information (if applicable)
  - Tax Withholding (if applicable)
- If a regular benefit amount is being modified, enter the previous benefit amount in the Regular Periodic Pay Information section and the date on which this amount is to stop. Then enter the new benefit amount and the date on which this amount is to start.
- ACH Change:** Use this request type when changing the delivery instructions
- Plan Account Information
  - Participant Information with name and SSN
  - Delivery Instructions (if applicable)
- Cancel/Death:** Use this request type when an existing participant's benefits are to be canceled due to death or other reasons. If the participant has passed away and the date of death is known please complete the Date of Death field under the Participant Information.
- Plan Account Information
  - Participant Information with name and SSN
  - Date of Death

## Delivery Instructions

Complete this section to indicate the method of payment to the participant. A participant may select one of five methods:

- **Check to Home:** Select this option when the participant wishes to have a check forwarded to his/her home address.
- **ACH to Checking:** Select this option when the participant wishes to have his/her payment direct deposited to his/her Checking account.
- **ACH to Savings:** Select this option when the participant wishes to have his/her payment directly deposited to his/her Savings account.
- **Check to Bank / Alternate Payee:** Select this option when the participant wishes to have a check forwarded to a bank account or other payee.
- **Multiple Destinations:** Select this option when the participant wishes to have the payment deposited into more than one financial institution or when the participant elects to have the payment made via a check and a portion made by ACH. A participant may elect to have the check and up to four ACH payments, or no check and up to five ACH payments. If this is selected, complete the Multiple Destination/Alternate Payee Form available from your Wells Fargo representative.

## Payment Type

Indicate the type of payment being setup or maintained. For a detailed explanation of the payment types, consult your Client Payment Manual provided to you or call your Wells Fargo representative.

REGULAR PERIODIC PAYMENT TYPE	REGULAR PERIODIC PAYMENT TYPE DESCRIPTION	SPECIAL ONE-TIME PAYMENT TYPE	SPECIAL ONE-TIME PAYMENT TYPE DESCRIPTION
01	PENSION BENEFIT	03	RETROACTIVE PENSION BENEFIT
PD	PENSION DEATH/BENEFICIARY PAYMENT	PI	PERIODIC DEATH RETRO PAYMENT
06	DISABILITY RETIREMENT	03	RETROACTIVE PENSION BENEFIT
ALL	ALL	04	REFUND OF DEDUCTION
12	TAXABLE AMOUNT NOT DETERMINED PYMT	13	RETROACTIVE TAXABLE AMT NOT DETERMINED
00	NON-RESIDENT PENSION BENEFIT	07	RETROACTIVE NON-RESIDENT PENSION BENEFIT
DP	COMPANY DIRECTOR-BENEFIT PAYMENT	MI	RETROACTIVE COMPANY DIRECTOR BENEFIT
MT	TAXABLE BENEFIT	MU	RETROACTIVE TAXABLE BENEFIT
QT	PERIODIC 480.6 DISTRIBUTION	QI	RETROACTIVE PERIODIC 480.6 DISTRIBUTION

## IRS Distribution Codes

Indicate IRS Distribution Category Code. Periodic Payment codes include the following:

**2** Premature distribution prior to age 59½, exception applies      **3** Disability      **4** Death      **7** Normal distribution, over age 59½

## Regular Periodic Pay Information: (Only one pay type may be selected.)

- Frequency:** This refers to how often (monthly, quarterly, semi-annually or annually) and when (day of month) periodic payments are made for a participant. For a detailed explanation of the frequency codes, consult your Client Payment Manual provided to you or call your Wells Fargo representative.
- Benefits:** **Benefit description** – Enter a brief description of the benefit type.  
**Benefit amount** – Enter the total amount of each benefit payment.  
**Start date** – Commencement date for this benefit.  
**Stop date** – If a specific ending date is known, enter the date here. If no ending date is known (e.g., the payments will be made until death), leave this field blank.
- Deductions:** **Deduction description** – Enter the description of the deduction (e.g., Health Insurance, United Way, Life Insurance). If more than nine reductions are required, attach an additional **Periodic Payment Request**.  
**Deduction amount** – Enter the amount to be deducted **per payment** for each deductible item.  
**Start date** – Commencement date for this deduction.  
**Stop date** – If a specific ending date is known, enter the date here. If no ending date is known, leave this field blank.
- Sources:** If your plan is setup with more than one funding source, enter the accounts here and the total amount of the benefit that will be debited from each. If source information is left blank, the plan account will be used as the default.

## Special Periodic Pay Information: (Only one pay type may be selected.)

- Benefits:** **Benefit description** – Enter a brief description of the benefit type including number of payments and dates covered by this payment.  
**Benefit amount** – Enter the total amount of the Special Periodic payment.
- Deductions:** **Deduction description** – Enter the description of the deduction (e.g., Health Insurance, United Way, Life Insurance) including number of payments and dates covered by this payment.  
**Deduction amount** – Enter the amount to be deducted from the Special Periodic payment.
- Sources:** If your plan is setup with more than one funding source, enter the accounts here and the total amount of the benefit that will be debited from each. If source information is left blank, the plan account will be used as the default.
- Tax Withholding** Withholding will be calculated based on the number of payments covered by this payment and participant frequency.

## Tax Withholding – Please see the attached state withholding reference chart for additional information.

Complete Federal and State Tax Withholding information in full. If this form is used in place of a W-4P, the participant must sign and date this form. If no withholding elections are provided, a default of Married with three allowances will be used.

Please be advised that STATE TAX withholding is required by some states. For further explanation, consult your Client Payment Manual provided to you or call your Wells Fargo representative.

## Plan Sponsor Authorization

Every **Periodic Payment Request** submitted must have an **original** authorized signature and date.

**Periodic Payment State Withholding Reference Chart**

State	State Withholding Options		Permitted Elections for Calculated Option						
State	State Withholding Options		Married		Single		Head of Household	Zero-No Allowances Withholds at highest rate.	
AL – Alabama <sup>1</sup>	Calculated or Fixed								
AZ – Arizona <sup>1</sup>	Percentage		0%	10%	19%	23%	25%	31%	37%
			X= Permitted option for state.						
State	Does My State Accept a ...		Married	Single	Married Both Spouses Working	Married Filing Jointly	Married One Spouse Working	Married Filing Separately	Head of Household
	Calculated Withholding Option?	Fixed Withholding Option?							
AK – Alaska	No withholding								
AR – Arkansas <sup>1</sup>	Yes		X	X					X
CA – California <sup>2</sup>	Yes	Yes	X	X					X
CO- Colorado <sup>1</sup>	Yes	Yes	X	X					X
CT – Connecticut <sup>1</sup>		Yes							
DC - District of Columbia <sup>1</sup>	Yes	Yes		X		X		X	X
DE – Delaware <sup>2</sup>	Yes	Yes		X		X		X	
FL – Florida	No withholding								
GA – Georgia <sup>2</sup>	Yes	Yes		X	X		X	X	X
HI – Hawaii <sup>1</sup>		Yes							
ID – Idaho <sup>1</sup>	Yes		X	X					
IL – Illinois <sup>1</sup>		Yes							
IN – Indiana <sup>1</sup>		Yes							
IA – Iowa <sup>3</sup>	Yes	Yes	Marital Status is not applicable for this state. The calculation is based on # of allowances.						
KS – Kansas <sup>2</sup>	Yes		X	X		X			X
KY – Kentucky <sup>1</sup>	Yes		Marital Status is not applicable for this state. The calculation is based on # of allowances.						
LA – Louisiana <sup>1</sup>	Yes	Yes	X	X					X
ME – Maine <sup>2</sup>	Yes	Yes	X	X					
MD – Maryland <sup>1</sup>		Yes							
MA – Massachusetts <sup>3</sup>	Yes	Yes	X	X	X	X	X	X	X
MI – Michigan <sup>1</sup>		Yes							
MN – Minnesota <sup>1</sup>	Yes	Yes	X	X					
MO – Missouri <sup>1</sup>		Yes							
MS – Mississippi <sup>1</sup>		Yes							
MT – Montana <sup>1</sup>	Yes	Yes	Marital Status is not applicable for this state. The calculation is based on # of allowances.						
NC - North Carolina <sup>2</sup>	Yes		X	X					X
ND - North Dakota <sup>1</sup>	Yes	Yes	X	X					X
NE - Nebraska <sup>3</sup>	Yes	Yes	X	X					X
NH - New Hampshire	No withholding								
NJ - New Jersey <sup>1</sup>		Yes							
NM - New Mexico <sup>1</sup>	Yes	Yes	X	X					X
NV – Nevada	No withholding								
NY - New York <sup>1</sup>		Yes							
OH – Ohio <sup>1</sup>	Yes	Yes	Marital Status is not applicable for this state. The calculation is based on # of allowances.						
OK – Oklahoma <sup>2</sup>	Yes		X	X					
OR – Oregon <sup>2</sup>	Yes	Yes	X	X					X
PA – Pennsylvania <sup>1</sup>		Yes							
PR - Puerto Rico <sup>1</sup>	Yes		X	X				X	X
RI - Rhode Island <sup>1</sup>	Yes	Yes	X	X					X
SC - South Carolina <sup>1</sup>	Yes	Yes	Marital Status is not applicable for this state. The calculation is based on # of allowances.						
SD - South Dakota	No withholding								
TN - Tennessee	No withholding								
TX - Texas	No withholding								
UT – Utah <sup>1</sup>	Yes	Yes	X	X					
VA – Virginia <sup>2</sup>	Yes	Yes	Marital Status is not applicable for this state. The calculation is based on # of allowances.						
VI - Virgin Islands <sup>1</sup>	Yes		X	X					
VT – Vermont <sup>2</sup>	Yes	Yes	X	X					X
WA - Washington	No withholding								
WI – Wisconsin <sup>1</sup>	Yes	Yes	X	X					X
WV - West Virginia <sup>1</sup>	Yes	Yes	X	X	X	X	X	X	X
WY – Wyoming	No withholding								

- 1: State income tax will not be withheld unless you request it**
- 2: State income tax will be withheld unless you specify not to withhold**
- 3: State income tax must be withheld if federal income tax is withheld**