

**Associate Reformed Presbyterian Retirement Plan
Notice of Withholding on Periodic Payments**

Name of Participant or Contingent Annuitant: _____

Social Security Number: _____

Benefit Form Applicable:

_____ A. Lump Sum Distribution

_____ B. Monthly Payments

Withholding Requirements

The distributions you receive from the Plan are subject to federal income tax withholding unless you elect, in writing, not to have taxes withheld.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. If you elect not to have withholding apply to your distribution from the Plan, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Please refer to the attached Form W-4P for more information on withholding from pension plan payments.

Signature: _____ Date: _____

Complete Form W-4P and Return To:

Board of Benefits
Associate Reformed Presbyterian Center
One Cleveland Street
Greenville, SC 29601