



Substitute State Income Tax Withholding Election Form for Qualified Periodic Pension or Annuity Payments

Attn: Large Case Pensions – 0665
 Aetna Life Insurance Company
 151 Farmington Avenue
 Hartford, CT 06156-0002
 Phone: 1-800-952-2700
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 Email: aetnapensions@aetna.com

Important: If your state has an income tax withholding certificate for Pension or Annuity payments, you should complete and submit your state form not the Aetna substitute form. If you have any questions regarding the taxability of your pension or the correct amount of taxes you need withheld, you should consult with your personal tax advisor. Information regarding income tax withholding allowances, etc. can be obtained from your state taxing authority. Individuals who elect out of withholding or do not have enough income tax withheld may be required to pay estimated taxes. If withholding and estimated tax payments are not sufficient, penalties may apply under your state's estimated tax rules. Aetna is not a state tax expert and is not authorized to provide tax advice.

Please print the following information: *Note: There is No State Income Tax in AK, FL, NH, NV, SD, TN, TX, WA, and WY*

Social Security Number ____-____-____	Resident Tax State _____	Full Name (First Name, Middle Initial, Last Name) _____
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To make a new election or revoke a prior election, please complete the appropriate election below:

<input type="checkbox"/> 1. Residents of AL, CA, CO, ID, KS, KY, LA, MN, MT, NM, ND, OH, RI, SC, UT, and WI: Please choose one of the following income tax withholding options: <input type="checkbox"/> I elect to have my state income tax withholding calculated based on the following marital status, number of withholding allowances, and any additional amount indicated below: <input type="checkbox"/> Single or Married, but withhold at the higher Single Rate <input type="checkbox"/> Married Number of Withholding Allowances: _____ Optional additional amount to be withheld: \$ _____ .00 OR, <input type="checkbox"/> I elect to have the following amount of my state income tax withheld from my pension payment: \$ _____ .00	<input type="checkbox"/> 2. Residents of AR, ME, NE, NC, OK, OR, VT, and VA: <input type="checkbox"/> I elect to have my state income tax withholding calculated based on the following marital status, number of withholding allowances, and any additional amount indicated below: <input type="checkbox"/> Single or Married, but withhold at the higher Single Rate <input type="checkbox"/> Married Number of Withholding Allowances: _____ Optional additional amount to be withheld: \$ _____ .00
<input type="checkbox"/> 3. Residents of HI, IL, IN, MD, MO, MS, NJ, NY, PA, and WV: I elect to have the following amount of my state income tax withheld from my pension payments: \$ _____ .00	<input type="checkbox"/> 4. Residents of AZ: I elect to have state income tax withholding calculated at the following percentage of the taxable amount of my pension payments: <input type="checkbox"/> 0.8% <input type="checkbox"/> 1.3% <input type="checkbox"/> 1.8% <input type="checkbox"/> 2.7% <input type="checkbox"/> 3.6% <input type="checkbox"/> 4.2% <input type="checkbox"/> 5.1% Optional additional amount to be withheld: \$ _____ .00

Additional options and signature line (REQUIRED) can be found on page 2 of this form.



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<input type="checkbox"/> 5. Residents of MA: I have elected Federal income tax withholding and I elect to have my state income tax withholding calculated based on the following number of withholding allowances: _____ <input type="checkbox"/> Check here if you are blind <input type="checkbox"/> Check here if your spouse is blind	<input type="checkbox"/> 6. I elect not to have state income withholding deducted from my pension payments. Note: Residents of MA, NE, OK, VT: you may not be able to elect "out" of state income tax withholding unless you have elected "out" of federal income tax withholding.
<input type="checkbox"/> 7. Residents of DC or DE: Please choose one of the following income tax withholding options: <input type="checkbox"/> I elect to have my state income tax withholding calculated based on the following filing status, number of withholding allowances, and any additional amount indicated below: <input type="checkbox"/> Single <input type="checkbox"/> Married filing a separate return (MS) <input type="checkbox"/> Married filing a joint return (MJ) Number of Withholding Allowances: _____ Optional additional amount to be withheld: \$ _____ .00 OR, <input type="checkbox"/> I elect to have the following amount of state income tax withheld from my pension payment: \$ _____ .00	<input type="checkbox"/> 8. Residents of Georgia: I elect to have my state income tax withholding calculated based on the following marital status, number of withholding allowances, and any additional amount indicated below: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Separately (MS) <input type="checkbox"/> Married Filing Jointly – One spouse working (MO) <input type="checkbox"/> Married Filing Jointly – Both spouses working (MB) Number of Withholding Allowances: _____ Optional additional amount to be withheld: \$ _____ .00
<input type="checkbox"/> 9. Residents of Iowa: <input type="checkbox"/> I elect to have my state income tax withholding calculated based on the following marital status, the selected income exclusion, and any additional amount indicated below: <input type="checkbox"/> Single or Married, but withhold at the higher Single Rate <input type="checkbox"/> Married Code 0 <input type="checkbox"/> Claiming no income exclusion Code 1 <input type="checkbox"/> Claiming a \$6,000.00 income exclusion Code 2 <input type="checkbox"/> Claiming a \$12,000.00 income exclusion Optional additional amount to be withheld: \$ _____ .00	<input type="checkbox"/> 10. Residents of Michigan: Please use the Withholding Certificate for Michigan Pension or Annuity Payments (Form MI W-4P) to submit your income tax withholding election. <input type="checkbox"/> 11. Residents of Connecticut: Please use the Withholding Certificate for Pension or Annuity Payments (Form CT-W4P) to submit your income tax withholding election.

Signature (Required)	Telephone Number (Required) () -	Date (Required)
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