



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
 Fax: 860-262-7412
 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.

