

Kentucky Public Employees' Deferred Compensation Authority

Phone (502) 573-7925 or (800) 542-2667 Web: kentuckydcp.ky.gov

FEDERAL AND STATE INCOME TAX WITHHOLDING CHANGE FORM

Use this form only to change federal and state income tax information on file with KPEDCA. Do not complete this form to elect additional tax withholding when submitting a distribution form (you will elect additional tax withholding directly on the distribution form). This form will not initiate a distribution from your account.

Please indicate the l	Plan(s) in which you are changing your tax withholding	g election.
☐ 401k Pre-Tax	☐ 457 Pre-Tax	
Special Tax Notice	uthority will withhold federal tax as required by the IF Regarding Plan Payments for specific tax information a ay elect below to have no withholding from your requir	and IRS required withholding before
If you would like add	ditional federal tax withheld above what is required indicat	te dollar amount \$
☐ Do Not withhold	Federal Tax from my Required Minimum Distribution (A	.ge 72+)
	ive in a state that mandates state income tax withholdi te tax withholding).	ing, it will be withheld (Kentucky
If you would like add	ditional state tax withheld above what is required indicate of	dollar amount \$
Signature		Date/
Printed Name		SS #

Return form by fax to (877) 677-4329 or by mail to:

Nationwide Retirement Solutions PO Box 182797 Columbus, OH 43218-2797