

HRSA-ILA Container Royalty or Vacation & Holiday Income Tax and A&S Election

Name: _____

Port Number: _____

Email Address: _____

Last four of SSN: _____

Phone Number: _____

This election replaces all prior elections and will remain in effect until I change it. I understand that if I have not previously made an investment election for contributions to the Annuity & Savings Plan, funds will be deposited into the RetireSMART™ Moderate Fund. Contributions I make to my Annuity & Savings Plan account are subject to limitations applicable to qualified retirement plans.

Container Royalty Tax and A&S Election

Benefits paid following the Contract Year earned.

This election applies to all Container Royalty Benefit payments, until changed in writing.

Dec. Tax Election 25% Fed/5.75% State _____ or W4 Method _____
Must attach form

Annuity & Savings Plan Contribution

December Payout:

I request that _____% or \$ _____ be withheld from my December Container Royalty benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

Please stop my Annuity & Savings Plan Contribution.

Feb. Tax Election 25% Fed/5.75% State _____ or W4 Method _____
Must attach form

Annuity & Savings Plan Contribution

February Payout: *IF there is a supplemental payout in February, this election will apply.*

I request that _____% or \$ _____ be withheld from my February Container Royalty benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

Please stop my Annuity & Savings Plan Contribution.

Vacation & Holiday Tax and A&S Election

Benefits paid before March 15th following the Contract Year earned.

This election applies to all Vacation & Holiday Benefit payments, until changed in writing.

Tax Election 25% Fed/5.75% State _____ or W4 Method _____
Must attach form

Annuity & Savings Plan Contribution

I request that _____% or \$ _____ be withheld from my Vacation & Holiday benefit and deposited in the HRSA-ILA Annuity & Savings Plan on a pre-tax basis.

Please stop my Annuity & Savings Plan Contribution.

Participant's Signature _____ Date: _____

THIS FORM MUST BE COMPLETED IN FULL