

Use this form to: change your tax election, start, stop, or change a contribution to your annuity.

HRSA-ILA

Container Royalty or Vacation & Holiday Tax and A&S Election

Participant Data (Please Print)

Port #: _____ Social Security #: _____

Name: _____

(Benefit Payment Address: See HRSA-ILA Address Designation Form)

Container Royalty Tax and A&S Election

Tax Election	25% Fed/5.75% State _____	or W4 Method _____
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Annuity & Savings Plan Contribution

I request that _____% or \$_____ be withheld from my **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 December 1 and June 1 following the Contract Year earned.

Tax Election	25% Fed/5.75% State _____	or W4 Method _____
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Annuity & Savings Plan Contribution

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

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

Please stop my Annuity & Savings Plan Contribution.

Do you want direct deposit of your benefit?	
<input type="checkbox"/>	Yes. Complete Form D-2 Container or Vacation & Holiday Direct Deposit
<input type="checkbox"/>	No
<input type="checkbox"/>	Keep my existing Direct Deposit

I understand:

1. If I have not previously made an investment election under the Annuity & Savings Plan, these funds will be deposited in the MassMutual Retirement Services "SF Guaranteed Interest Account", and
2. My Annuity & Savings Plan deposit is subject to all of the limits applicable to qualified retirement plans. If I should exceed those limits a refund will be made to me.
3. This Container Royalty or Vacation & Holiday Election will stay in effect until a request for changing it is submitted in writing with my signature.

Participant's Signature _____ Date _____