



State Farm Insurance Companies® Retirement Plan for United States Employees Substitute State Withholding Certificate

Retirement Form #6

Whether your pension/annuity payments are subject to state tax withholding depends on the state in which you reside and the withholding elections you make. **Please find your residence state and complete the form as directed.** Additional states may be found on the reverse side of this page. If you make an election of any kind, you must complete the Personal Information section at the bottom of this form and return the form in its entirety.

Alaska, Florida, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, and Wyoming residents only:

No state income taxes will be withheld. You do not need to complete or return this form.

Alabama, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, West Virginia and Wisconsin residents only:

State income tax withholding is voluntary.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- I want this designated amount withheld from each distribution:
\$ _____ .00.

Note: *Alabama, Illinois, and Pennsylvania residents: These states generally do not consider your State Farm Retirement Plan payments as taxable income. However, you may elect to have state taxes withheld from these payments. If you prefer not to withhold, you do not need to complete or return this form.*

Arizona residents only:

Arizona withholding is a percentage of the amount of the taxable amount of distribution.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- I choose to have withholding at a rate of
 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%
Additional amount to be withheld per distribution \$ _____.

Delaware residents only:

If Federal withholding is taken, state withholding should also be taken. If Federal withholding is not taken, you may still elect state withholding.

- No. I do not wish to have applicable state income tax withheld from my distribution. If so, STOP here.
- Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment:
_____ (enter number of allowances).

Marital Status:

- Single Married Filing Joint Married Filing Separate
- I want the following additional amount withheld from each distribution:
\$ _____ .00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above.

California residents only:

Unless you elect otherwise, the law requires that personal income tax be withheld from payments of pensions and annuities.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- I want this designated amount withheld from each distribution:
\$ _____ .00. If so, STOP here.
- I want withholding from each distribution to be figured using the number of allowances and marital status shown below:

Marital Status: Single or Married (with two or more incomes)
 Married (one income) Head of Household

Number of allowances you are claiming: _____
I want the following additional amount withheld from each distribution:
\$ _____ .00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above.

Arkansas residents only:

Withholding is required unless you expressly elect otherwise. If no election is made, withholding applies.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- I want withholding from each distribution to be figured using the number of allowances shown below:
Number of allowances you are claiming: _____
I want the following additional amount withheld from each distribution:
\$ _____ .00. **Note:** For periodic payments, you cannot enter an amount here without entering the number of allowances above.

Iowa residents only:

If Federal withholding is taken, state withholding should also be taken. If Federal withholding is not taken, you may still elect state withholding. A partial exemption is provided to qualified Iowa residents receiving pensions, annuities, self-employed retirement benefits, deferred compensation, and other retirement benefits. To qualify you must be 55 years of age or older, disabled or a surviving spouse or other survivor of an individual who would have qualified for the partial exemption in the tax year. To be considered disabled you must be receiving the retirement income on the basis of a documented disability or you must meet Federal or state criteria for disability. Social Security benefits are not covered by this exemption. If you are receiving retirement income from more than one source, you are still entitled to claim only a maximum \$6,000/\$12,000 exemption.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here. **Note:** If the taxable portion of your annual distribution is greater than \$6,000 (\$12,000 married Iowa filers), Iowa tax must be withheld if Federal tax is being withheld.
- I choose to have Iowa income tax withheld from my distribution at a rate of 5%. Select one of the following:
 Claiming no exemptions
 Exempting \$6,000 in benefits each year
 Exempting \$12,000 in benefits each year (married-status 2, 3, or 4 – Iowa filers only)
I want the following additional amount withheld from each distribution:
\$ _____ .00.

Kansas, Maine, Nebraska, and Vermont residents only:

If you elected Federal withholding to be taken, state withholding will also be taken. If you did not elect Federal withholding, you may still elect state withholding.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- I want withholding from each distribution to be figured using the number of allowances and marital status shown below:
Marital Status: Single Married
Number of allowances: _____ **Note:** For **Maine** residents, the number of allowances cannot be greater than the number of allowances claimed on Federal Form W-4 or W-4P. For **Nebraska** residents, we are required to use the marital status and number of allowances claimed on the Federal Form W-4 or W-4P if one is on file.
- I want the following additional amount withheld from each distribution:
\$ _____ .00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above.

Massachusetts residents only:

If Federal withholding is taken, state withholding should also be taken. If Federal withholding is not taken, you may still elect state withholding.

- No. I do not wish to have applicable state income tax withheld from my distribution. If so, STOP here.
 - Yes. I wish to have applicable state income tax withheld from my distribution.
 - Head of Household
 - Blind
 - Spouse is blind and not subject to withholding
- Number of exemptions: _____
Additional amount withheld, if any: \$_____00.

North Carolina residents only:

If Federal withholding is taken, state withholding should also be taken. If Federal withholding is not taken, you may still elect state withholding, unless it is an eligible rollover distribution.

- Check here if you do NOT want any state income tax withheld from your pension or annuity (do not complete 2 or 3).
- Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment: _____
Marital Status: Single
 Married or Qualifying Widow(er)
 Head of household
- Additional amount, if any, you want withheld from each pension or annuity payment:
\$_____00. **Note:** for periodic payments you cannot enter an amount here without entering the number (including zero) of allowances on line 2.

Oklahoma residents only:

If you elected Federal withholding to be taken, state withholding will also be taken. If you did not elect Federal withholding, you may still elect state withholding.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment:
_____ (enter number of allowances). **Note:** You must enter the number of allowances and the marital status claimed on the Federal Form W-4P.
Marital Status: Single
 Married
 Married, but withhold at a higher "Single" rate
- I want the following additional amount withheld from each distribution:
\$_____00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above

I understand:

- This payment and any taxes withheld will be reported to me and the appropriate taxing authorities based on the state of residence at the time of distribution.
- I will receive a Form 1099-R in January of the year following the distribution.

PERSONAL INFORMATION

Full Name (Type or Print)			Social Security Number	
Address (Street/P.O. Box/Rural Route)			Claim or Identification Number (if any) of Your Personal or Annuity Contract	
City	State	ZIP Code		
Signature			Date	
Comments				

Oregon residents only:

If you elected Federal withholding to be taken, state withholding will also be taken. If you did not elect Federal withholding, you may still elect state withholding.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment:
_____ (enter number of allowances).
Marital Status: Single
 Married
 Married but withhold at a higher "Single" rate
- I want the following additional amount withheld from each distribution:
\$_____00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above.

Utah and Idaho residents only:

State income tax withholding is voluntary.

- No. I do not wish to have the applicable state income tax withheld from my distribution. If so, STOP here.
- Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment:
_____ (enter number of allowances).
Marital Status: Single Married
- I want the following additional amount withheld from each distribution:
\$_____00. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances above.

Virginia and Georgia residents only:

If Federal withholding is taken, state withholding should also be taken. If Federal withholding is not taken, you may still elect state withholding.

- I certify that I am not subject to state withholding, either because I have elected "no withholding" for Federal purposes, or I meet the conditions for exemption set forth in the instructions for Form VA-4P or G-4P. If so, STOP here.
- If subject to withholding, enter your number of personal exemptions:
 - Subtotal of Personal Exemptions: _____
 - Subtotal of Age and Blindness Exemptions: _____Total Exemptions: _____
- Additional amount withheld, if any: \$_____00. **Note:** For periodic payments you cannot enter an amount here without entering the number (including zero) of allowances.
- Voluntary withholding: If you elected "no withholding" for Federal purposes, but wish to have state income tax withheld, enter the amount you want withheld from each payment:
\$_____00.