

**UNION VALE FIRE DISTRICT
SERVICE AWARD PROGRAM
PAYMENT COMMENCEMENT FORM**

As a participant in the Service Award Program who has attained the entitlement age, you are eligible to receive a benefit from the Service Award Program. Please complete this form and return it with a copy of your proof of date of birth to the Fire District or Fire Department or directly to Penflex, Inc., 50 Century Hill Drive, Suite #3, Latham, NY 12110.

You will receive an IRS form 1099 reporting this income and we encourage you to consult with a qualified tax professional for advice on any action that is required by you as a result of receiving this payment. Additional information on making estimated tax payments can be found on the IRS web site, www.IRS.gov.

SECTION 1 YOUR PERSONAL INFORMATION

Print Name _____ Social Security Number _____ Date of Birth _____

Mailing Address _____ Phone Number _____

SECTION 2 PROOF OF DATE OF BIRTH

I hereby submit proof of my date of birth as: ___drivers license OR ___birth certificate OR ___passport
(select one, and submit a photocopy only)

SECTION 3 DIRECT DEPOSIT INFORMATION

Bank Name: _____ Account Type ___Savings OR ___Checking

Bank Address: _____ Bank Phone: _____

For deposit into a checking account, you must return a voided check. For deposit into a savings account, you must return a deposit slip, client statement, or letter on bank letterhead confirming account title, account number, and ABA routing number. Note that you may receive a check for the first and second payment before direct deposit begins.

SECTION 4 FEDERAL INCOME TAX WITHOLDING INFORMATION

Federal Tax Filing Status ___Single OR ___Married OR ___Married filing single

I wish to withhold the following percentage of my monthly payment for federal taxes ___%

Note - If you do not want to have money withheld, please enter zero (0) next to the percent sign in the line above.

SECTION 5 CERTIFICATION

I acknowledge that Penflex, Inc., and the Union Vale Fire District have not counseled me or my heirs regarding the income tax consequences of this payment and that I will seek such counsel from my own tax advisor.

Participant Signature _____ Print Participant Name _____ Date Signed _____

Witness Signature _____ Print Witness Name _____ Date Signed _____

Note - Witness must be an Official of the Fire District or Fire Department or a notary.