



REQUEST TO RECALCULATE QUARTERLY PAYMENTS OF TAX REIMBURSEMENTS ON IDB GROUP RETIREMENT BENEFITS

This form applies only to retirees who have already been receiving quarterly tax reimbursements and who have experienced a change in circumstances in the current year that may affect the amount of their quarterly payments during this year.

Please complete, to the extent applicable, sign and return this Request to Deloitte Tax LLP by email: taxconsultants@iadb.org. Your Information will be treated as strictly confidential.

Name	Email address	Retiree ID#
Home Address (number, street, city, state, zip code)		
Country if Outside U.S.	Telephone Number (country code, area code, #)	

I. For U.S. Tax Residents Only: Please check the box or boxes below to indicate the change(s) that may impact your taxes, and provide information for the current year for each checked box, where applicable:

- New filing status: _____
- New state of residence (or none): _____ Date of move: _____
- Change in Spouse Income. If checked, enter your spouse’s expected total taxable income (excluding long term capital gains and qualified dividends) for the current year: _____
- Change in number of children under age 17. Enter new number as of 12/31 of the current year: _____
- Change in number of current year state exemptions. Enter new number: _____
- I will reach age 65 this calendar year.
- My spouse will reach age 65 this calendar year.
- Other change (please specify): _____

II. For Non-U.S. Tax Residents Only:

Please explain the circumstances supporting your request for a change in the amount of your tax advances: _____

Please estimate the total amount of taxes, in local currency, that you expect to pay on your SRP pension in the current year:

Deloitte will review your estimate, which is subject to adjustment. If you would like to have advances estimated for you, you can leave the above entry blank.

Non-U.S. tax residents shall provide along with this request the following documents:

- a) Documentation supporting the estimate provided above.
- b) Up to date copies of the relevant forms and instructions issued by the applicable taxing jurisdictions to assist Deloitte in reviewing and/or recalculating the estimate of advances.

Any additional information which you consider pertinent regarding your tax obligations should be shown on a separate attached page which shall be considered an integral part of this form.

III. Certification (Mandatory for all Submissions)

I understand that:

(a) the information supplied above will be relied upon by the Bank to calculate quarterly payments of tax reimbursements made to me on my taxable IDB Group retirement income for the applicable year. Therefore, I affirm that the information I have provided above is true and accurate with the understanding that the estimated amounts are subject to confirmation. If there are any material changes to the information I have provided, I will immediately advise the third party provider and/or complete a new Form 2R.

(b) I am obliged to submit Form 7R after I file my tax return for the year to confirm or update the information that I have provided above. If I fail to comply with the confirmation procedures, I understand that payments of tax reimbursements may be suspended until I comply. If, upon review of my Form 7R, the Bank's third party provider determines that I was overpaid tax reimbursement for the current year, the Bank will deduct such overpayments from future payments of tax reimbursement and/or I will be required to repay the Bank the balance of any overpayment that remains due.

(c) all data and documents included in this request, as well as data and documents submitted as part of the confirmation process, are subject to confirmation by the Bank, which may, at any time, request for verification purposes further documentation, including tax transcripts or other reports from the applicable tax authority.

SIGNATURE: _____ DATE: _____