

DEFINED BENEFIT PLAN FEDERAL INCOME TAX WITHHOLDING



MEMBER INFORMATION		
Full Name (First, Middle, Last)	Your SSN	Check which applies: <input type="checkbox"/> Retired Member <input type="checkbox"/> Member's Survivor <input type="checkbox"/> Alternate Payee <input type="checkbox"/> POA*
Street Address		
City	State	Zip
Telephone	County Name	
Member Full Name (First, Middle, Last)	Member SSN	
FEDERAL INCOME TAX WITHHOLDING INFORMATION		
Make a Selection <input type="checkbox"/> I do not want any money withheld from my monthly pension payments for federal income tax purposes. <input type="checkbox"/> I would like money withheld from my monthly pension payments as indicated below.		
Number of Allowances _____ 0 - 9	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Additional Withholding (Optional) Also complete Allowances and Marital Status blocks. \$ _____ . _____ Additional amount to be withheld from each monthly payment.
Comments _____ _____ _____		
I hereby certify with my signature that the information listed above is true and accurate and I authorize the State Employees' Retirement System (SERS) to adjust monthly pension payments as I have indicated in the Federal Income Tax Withholding Information section above.		
Signature	Date	

*Power of Attorney authorization is not recognized until the appropriate documents have been submitted to and approved by the SERS Office of Chief Counsel.