



# Retirement Forms

# Application for Service Retirement



Teachers Retirement System of Georgia

▼ **To Be Completed by Member** -- please print clearly

## Your Information

Please print or type all personal information. Incomplete information will delay the processing of your retirement benefit.

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Social Security Number

Title (Mr, Ms etc.) Last Name First Name Middle Initial

( ) Phone Number (daytime) Date of Birth (mm/dd/yyyy) Sex (M or F)

Street Address (home address)

City State Zip Code

## Your Date of Retirement

Please indicate the date you would like your retirement to be effective.

I hereby apply for service retirement effective on the first day of \_\_\_\_\_, 20 \_\_\_\_\_, and elect to have my monthly retirement allowance payable as indicated under "Your Retirement Plan."

**Note:** To be eligible for retirement for the date listed above, you may not work at any time during that month. Working one day during the month you plan to retire will postpone your retirement until the following month.

## Your Retirement Plan

Before you select ONE PLAN, please reference the TRS Member's Guide available at [www.trsga.com](http://www.trsga.com) under the Publications section or at the TRS office.

If you are interested in the amount of benefits you are eligible for under the various plans of retirement, please contact TRS for an estimate.

It is very important that you understand the retirement plan you are selecting, because once your first payment is deposited, you cannot change your plan of retirement except under very limited conditions.

PLANS for monthly benefit to member and a refund only to beneficiaries (*no monthly benefit to beneficiary(ies)*):

- Plan A
- Plan B Option 1

PLANS for monthly benefit to member and monthly benefit only to beneficiaries. (*You may have multiple beneficiaries, but no adjustment is made to the benefit if any or all beneficiaries predecease you.*)

- Plan B Option 2
- Plan B Option 3
- Plan B Option 4

In accordance with my selection of Option 4, I designate a dollar amount of \$ \_\_\_\_\_ OR percentage of \_\_\_\_\_% to be paid to the beneficiary(ies) listed in the Selection of Beneficiary sections. (*Select either a dollar amount or percentage, not both.*)

PLANS for monthly benefit to member and monthly benefit only to a single primary beneficiary. (*You may have only one primary beneficiary and the benefit is adjusted if the beneficiary predeceases you.*)

- Plan B Option 2 - Pop Up
- Plan B Option 3 - Pop Up

\* SRA \*

## Application for Service Retirement cont.

Your Social Security Number

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### Partial Lump-Sum Option Plan (PLOP)

Eligible members may elect to receive a PLOP distribution in exchange for an actuarially reduced lifetime benefit. If you elect a PLOP, a lump-sum distribution will be made as a single payment at the time your first monthly benefit is paid to you.

**For details about the lump-sum distribution, please refer to the PLOP section of the TRS website at [www.trsga.com](http://www.trsga.com).**

A pension calculator on the TRS website is available to calculate an estimate of your monthly benefit with or without the election of a PLOP distribution.

If you are eligible for and elect a partial lump-sum distribution, please refer to the Special Tax Notice Regarding Lump-Sum Distributions. If you have any questions or do not understand the federal tax law provisions, please contact the IRS or a tax professional for advice.

#### **You must check either the Yes or No box:**

- NO, I do not elect a PLOP lump-sum distribution.** I understand that this one-time option is only available to me at retirement. Once I receive my first monthly retirement benefit, I cannot elect to receive a PLOP.
- YES, I elect a PLOP lump-sum distribution in the amount of \$ \_\_\_\_\_,000.**

*Please check one of the two payment options available:*

- I elect to receive the total PLOP distribution amount paid directly to me.**

I understand that this one-time deduction, payable as a single payment at the time my first monthly allowance is paid, will leave me with an actuarially reduced lifetime benefit. I also understand that once a PLOP distribution is made, the election is final.

A mandatory 20% federal tax will be withheld from the taxable portion of the payment. I understand that this mandatory withholding may not represent my actual tax liability and that this payment may be subject to an additional tax equal to 10% of the taxable portion if the payment is received after separation from service, but before age 55. I wish to have an additional \$ \_\_\_\_\_ federal tax withheld from the taxable portion.

- I wish to have 5% GA tax withheld from the taxable portion. I wish to have an additional \$ \_\_\_\_\_ GA state tax withheld from the taxable portion.

- I elect a direct rollover/transfer distribution of either the total amount or a partial amount of my PLOP lump-sum distribution to another qualified retirement plan.**

I have completed the Partial Lump-Sum Option Plan Rollover Election form.

The Partial Lump-Sum Option Plan Rollover Election form is required if you plan to rollover all or a partial amount of the lump-sum distribution to a qualified retirement plan.

#### WAIVER:

- I elect to waive the 30-day notice period. I acknowledge that I have received the Special Tax Notice Regarding Lump-Sum Distributions.

### Selection of Primary Beneficiary

If you have more than one primary beneficiary, please complete the Designation of Multiple Beneficiaries (MB-1) form.

Beneficiary(ies) designations made on this form supercede any other beneficiary(ies) designations on file with TRS.

In accordance with the retirement plan selected, I hereby designate my *primary*\* beneficiary (please check only one):

- below OR  on the attached Designation of Multiple Beneficiaries form (MB-1)

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Sex (M or F)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Street Address (home address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\*Plan B Option 2 & 3 Pop Up may only have one primary beneficiary.

## Application for Service Retirement cont.

Your Social Security Number

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### Selection of Secondary Beneficiary

A secondary beneficiary is eligible to receive a refund of remaining contributions and interest, but not a monthly benefit, upon the death of the member and primary beneficiary(ies).

If you have more than one secondary beneficiary, you will need to complete the Designation of Multiple Beneficiaries (MB-1) form.

In accordance with the retirement plan selected, I hereby designate my *secondary\** beneficiary (*please check only one*):

below OR  on the attached Designation of Multiple Beneficiaries form (MB-1)

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Sex (M or F)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Street Address (home address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\*You must designate at least one secondary beneficiary for all plans

### Payment Method

Your first monthly check will be mailed to your home address. Once authorization has been received from your financial institution, your subsequent monthly checks will be electronically sent to your financial institution. This process can take up to 90 days after your first retirement check is issued.

*Please check only one option:*

- I wish to deposit my benefit checks into my **CHECKING** account. **My VOIDED CHECK is attached below.**
- I wish to deposit my benefit checks into my **SAVINGS** account. **My VOIDED DEPOSIT SLIP is attached below.**

*(Please use transparent tape across top edge of check or deposit ticket. Do not staple or glue.)*

### To have funds deposited to your:

**CHECKING ACCOUNT:** Please tape a VOIDED CHECK inside this box.

**SAVINGS ACCOUNT:** Please tape a VOIDED savings account DEPOSIT SLIP inside this box.

I authorize the Teachers Retirement System of Georgia (TRS) to deposit my net monthly retirement benefit to my account at the financial institution specified. If necessary, I also authorize and request that this financial institution accept any adjusting entries initiated by TRS.

Your net retirement benefit will be deposited into your account *on the first business day of each month*. A change in your account number will require your benefit to be mailed to your home address until the first business day of the month following the issuance of another prenote to your financial institution.

On the first business day of the month when your EFT services are scheduled to start, you should verify that your financial institution received your deposit. If your deposit has not been made by the second business day of the month, call TRS immediately. Please notify TRS immediately if your financial institution changes your account number and/or routing number.

You will receive notice from TRS only when there is a change in your monthly net benefit. Should any change occur, TRS will send you a notice of the change(s) and the new amount deposited to your account.

### Important Information

- ◆ Once you have submitted your retirement application to TRS, you will be sent a general acknowledgment letter. If your application is not acknowledged as being received by TRS within 30 days of your mailing, contact our office immediately.

## Application for Service Retirement cont.

### Important Information *continued*

**Payment Method:** With the exception of my first monthly check, which will be mailed to my home address, I understand that once authorization has been received from my financial institution, my subsequent monthly benefit checks will be electronically sent to my financial institution. This process can take up to 90 days after your first retirement check is issued.

**Required Identification Documents:** In accordance with the requirements for retirement application, I have attached photocopies of personal identification containing the date of birth for myself and my beneficiary(ies). Acceptable forms of ID are: driver's license, passport, certified birth certificate, immigration papers, or a state ID issued in lieu of a driver's license. My application will not be processed without this identification.

**Service Credit for Retirement:** I understand that it is my responsibility to purchase all available service credit PRIOR to the effective date of my retirement. It is my responsibility to contact TRS to purchase this service credit. Should I not purchase such service prior to the effective date of my retirement, I understand that I MAY NOT purchase additional service after my retirement date is effective (no exceptions allowed).

**Changing Retirement Plans:** Once my monthly benefit payment has been deposited, I cannot change my plan of retirement except under the limited conditions specifically stated in Georgia law.

**Changing Beneficiaries:** I understand that if I have selected Plan A or Plan B - Option 1, I may change my designation of beneficiary(ies) at any time prior to my death. If I have selected Plan B - Option 2 or 2 Pop Up, Option 3 or 3 Pop Up, or Option 4, I cannot change my beneficiary(ies) except under the limited conditions specifically stated in Georgia law.

**Active Membership:** I understand that should my death occur within 30 days of my effective retirement date, I will be considered an active member at the time of my death in accordance with Georgia law. My account will be settled as a death in service in accordance with the active member beneficiary designation(s) I have selected on this retirement application.

**Re-activating Membership:** I understand that should I return to work in a position covered by TRS, I must notify TRS immediately.

**Taxes:** As required by federal regulations, TRS will withhold federal taxes, based on married and 3 allowances, from the taxable portion of your monthly benefits unless you complete and submit to TRS a federal form W-4P where you may indicate not to have withholding apply or to have withholding apply at a different rate. Georgia law also considers your benefits taxable but does not require withholding. I understand that I may elect to have Georgia taxes withheld by completing Georgia tax form G-4P and submitting it to TRS. Failure to withhold may result in tax penalties.

*If you have questions about any of the statements listed, please contact TRS by calling (404) 352-6500 or (800) 352-0650.*

### Your Signature

Please sign and date verifying the information provided on all four pages of this application is accurate.

### By signing below,

I verify that I have read and understand the information on this page and comply with TRS regulations;

I authorize the Teachers Retirement System of Georgia (TRS) to deposit my net monthly retirement benefit to my account at the financial institution below. If necessary I also authorize and request that this financial institution accept any adjusting entries initiated by TRS;

I acknowledge that I have read and understand the plans of retirement and the provisions for optional allowances available to me. Once my first benefit payment has been deposited, I cannot change my plan of retirement except under the limited conditions stated in Georgia law;

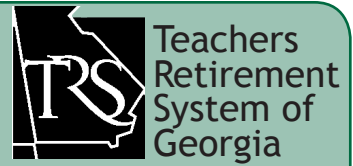
I understand that the beneficiary designation(s) I have listed on this application supercede any other beneficiary designation(s) on file with TRS. Once this application is received by TRS, my beneficiary designation(s) is considered valid; and

I understand that if I elect to receive a lump-sum distribution, once the distribution is made, the election is final. I verify that the information provided on all four pages of this Application for Service Retirement is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Special Tax Notice Regarding Lump-Sum Distributions



This notice explains how you can continue to defer federal income tax on your retirement savings in the Teachers Retirement System of Georgia (TRS) and contains important information you will need before you decide how to receive your TRS benefits.

This notice is provided to you by the Teachers Retirement System of Georgia (the Plan or the Plan Administrator) because all or part of the lump sum payment that you might elect to receive from the Plan may be eligible for rollover by you or the Plan Administrator to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

## Summary

There are two ways you may be able to receive a Plan payment that is eligible for rollover: (1) Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"); or (2) The payment can be PAID TO YOU.

**If you choose a DIRECT ROLLOVER:** (1) Your payment will not be taxed in the current year and no income tax will be withheld. (2) You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. (3) Your payment cannot be rolled over to a SIMPLE IRA, or a Coverdell Education Savings Account because these are not traditional IRAs. (4) The taxable portion of your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

**If you choose to have a Plan payment that is eligible for rollover PAID TO YOU:** (1) You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes. (2) The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59-1/2, you also may have to pay an additional 10% tax. (3) You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan. (4) If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

**Your Right to Waive the 30-Day Notice Period.** Generally, neither a direct rollover nor a payment can be made from the Plan until at least 30 days after receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by TRS.

## Special Tax Notice Regarding Lump-Sum Distributions cont.

### Payments that Can and Cannot be Rolled Over

Payments from the Plan may be “eligible rollover distributions.” This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from the Plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account.

**After-tax Contributions.** If you made after-tax contributions to the Plan, these contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of the after-tax contributions. The following rules apply: **(a) Rollover into a traditional IRA.** You can roll over your after-tax contributions to a traditional IRA either directly or indirectly. If you roll over after-tax contributions to a traditional IRA, it is your responsibility to keep track of, and report to the IRS on the applicable forms, the amount of these after-tax contributions. This will enable the nontaxable amount of any future distributions from the traditional IRA to be determined. Once you roll over your after-tax contributions to a traditional IRA, those amounts CANNOT later be rolled over to an employer plan. **(b) Rollover into an Employer Plan.** You can roll over after-tax contributions from an employer plan that is qualified under Code section 401(a) or a section 403(a) annuity plan to another such plan using a direct rollover if the other plan provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You can also roll over after-tax contributions from a section 403(b) tax-sheltered annuity to another section 403(b) tax-sheltered annuity using a direct rollover if the other tax-sheltered annuity provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You CANNOT roll over after-tax contributions to a governmental 457 plan. If you want to roll over your after-tax contributions to an employer plan that accepts these rollovers, you cannot have the after-tax contributions paid to you first. You must instruct the Plan Administrator of this Plan to make a direct rollover on your behalf. Also, you cannot first roll over after-tax contributions to a traditional IRA and then roll over that amount into an employer plan.

**The following type of payment cannot be rolled over:**

**Required Minimum Payments.** Beginning when you reach age 70-1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a “required minimum payment” that must be paid to you.

### Direct Rollover

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution as described previously. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER.

**Direct Rollover to a Traditional IRA.** You can open a traditional IRA to receive the direct rollover. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

**Direct Rollover to a Plan.** If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer’s plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

**Change in Tax Treatment Resulting from a Direct Rollover.** The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan.

## Special Tax Notice Regarding Lump-Sum Distributions cont.

### Payment Paid to You

If your payment can be rolled over and the payment is made to you, it is subject to 20% federal income tax withholding on the taxable portion. The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

#### Income Tax Withholding:

**Mandatory Withholding.** If any portion of your payment can be rolled over and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because TRS must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below), you must report the full \$10,000 as a taxable payment from TRS. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

**Voluntary Withholding.** If any portion of your payment is taxable but cannot be rolled over, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% will be taken out of this portion of your payment for federal income tax withholding.

**Sixty-Day Rollover Option.** If you receive a payment that can be rolled over, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan. You can roll over up to 100% of your payment that can be rolled over, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: The taxable portion of your payment that can be rolled over under the "Payments that Can and Can't be Rolled Over" section is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may rollover the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from TRS, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

**Additional 10% Tax if You Are Under Age 59 1/2.** If you receive a payment before you reach age 59-1/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax generally does not apply to (1) payments that are paid after you separate from service with your employer during or after the year you reach age 55, (2) payments that are paid because you retire due to disability, (3) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (4) dividends paid with respect to stock by an employee stock ownership plan (ESOP) as described in Code Section 404(k), (5) payments that are paid directly to the government to satisfy a federal tax levy, (6) payments that are paid to an alternate payee under a qualified domestic relations order, or (7) payments that do not exceed the amount of your deductible medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax will not apply to distributions from a governmental 457 plan, except to the extent the distribution is attributable to an amount not rolled over to that plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from a governmental 457 plan to another type of eligible employer plan or to a traditional IRA will become subject to the additional 10% tax if it is distributed to you before you reach age 59-1/2, unless one of the exceptions applies.

**Special Tax Treatment If You Were Born before January 1, 1936.** If you receive a payment from a plan qualified under

## Special Tax Notice Regarding Lump-Sum Distributions cont.

section 401(a) or a section 403(a) annuity plan that can be rolled over and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution" it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan that is payable to you after you have reached age 59-1/2 or because you have separated from service with your employer. For a payment to be treated as a lump sum distribution, you must have been a participant in the Plan for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

**Ten-Year Averaging.** If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging" (using 1986 tax rates). Ten-year averaging often reduces the tax you owe.

**Capital Gain Treatment.** If you receive a lump sum distribution and you were born before January 1, 1936, and you were a participant in the Plan before 1974, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan taxed as long-term capital gain at the rate of 20%.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into this Plan from a 403(b) tax-sheltered annuity contract or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a distribution from this Plan (or certain other similar plans of the employer), you cannot use this special averaging treatment for later payments from the Plan. If you roll over your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use special tax treatment for later payments from the IRA, plan, or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

### Surviving Spouses and Other Beneficiaries

***This section applies to the refund of contributions and interest and not to the Partial Lump-Sum Option Plan (PLOP)***

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees. If you are a surviving spouse, you may choose to have a payment that can be rolled over paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee. If you are a beneficiary other than a surviving spouse, you cannot choose a direct roll-over, and you cannot roll over the payment yourself. If you are a surviving spouse or another beneficiary, your payment is generally not subject to the additional 10% tax, even if you are younger than age 59-1/2. If you are a surviving spouse or another beneficiary, you may be able to use the special tax treatment for lump sum distributions. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum payment distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

### Obtaining Additional Information

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take a payment of your benefits from the Plan. Also, you can find more specific information on the treatment of payments from qualified employer plans in IRS Publication 575, *Pensions and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS (toll free).

# Partial Lump-Sum Option Plan (PLOP) Rollover Election



Teachers  
Retirement  
System of  
Georgia

This form must be completed if you elect to receive a PLOP either as a partial or total direct rollover to another qualified retirement plan. Be sure to indicate your PLOP election on the Application for Service Retirement.

## ▼ To Be Completed by Member -- please print clearly

### Your Information

Please print or type all personal information.

--	--	--	--	--	--	--	--	--	--

Social Security Number

Date of Birth

Last Name

First Name

Middle Initial

### PLOP Payment Selection

If you are eligible for and have elected a PLOP distribution, **please refer to the Special Tax Notice Regarding Lump-Sum Distributions** explaining Internal Revenue Service (IRS) laws included with this form. If you have any questions or do not understand the provisions of the federal tax law, we urge you to contact the IRS or a tax professional for advice.

I have elected a PLOP distribution as a direct rollover/transfer on the TRS Application for Service Retirement, and I elect to have the applicable lump-sum distribution paid in the following manner (*select only one*):

#### 100% Direct Rollover/Transfer of Taxable Distribution.

TRS is directed to mail the taxable portion of my distribution to my Trustee/Custodian who has signed the Agreement of Trustee/Custodian. The non-taxable distribution, if any, should be mailed directly to me.

**Check one:**    401(a) | 401(k) | 403(a) | 403(b) | 408(a) | 408(b) | 457Deferred  
                   Qualified Plan | Qualified Plan | Qualified Annuity | TSA | Traditional/Roth IRA | IRA Annuity | Comp.

#### 100% Direct Rollover/Transfer of Taxable and Non-taxable Distribution.

TRS is directed to mail the taxable and non-taxable portion of my distribution to my Trustee/Custodian who has signed the Agreement of Trustee/Custodian and has agreed to separately account for the taxable and non-taxable portions of the rollover. I understand that the non-taxable amount may not be rolled over into a defined benefit plan, 457, or 403(b) plan.

**Check one:**    401(a) | 401(k) | 403(a) | 408(a) | 408(b)  
                   Qualified Plan | Qualified Plan | Qualified Annuity | Traditional/Roth IRA | IRA Annuity

#### Partial Direct Rollover/Transfer of Taxable Distribution.

TRS is directed to mail \$ \_\_\_\_\_ of my taxable distribution to my Trustee/Custodian who has signed the Agreement of Trustee/Custodian. The remainder of the taxable distribution, less the mandatory 20% federal withholding tax, plus the non-taxable distribution, if any, should be mailed directly to me. I wish to have an additional \$ \_\_\_\_\_ federal tax withheld from the taxable portion that is issued directly to me.

Please withhold 5% GA tax from the taxable portion. I wish to have an additional \$ \_\_\_\_\_ GA State tax withheld from the taxable portion.

**Check one:**    401(a) | 401(k) | 403(a) | 403(b) | 408(a) | 408(b) | 457Deferred  
                   Qualified Plan | Qualified Plan | Qualified Annuity | TSA | Traditional/Roth IRA | IRA Annuity | Comp.

### Agreement of Trustee/ Custodian to Accept Rollover of a PLOP

The Trustee/Custodian of the qualified retirement plan to which you are transferring your lump-sum distribution must complete this section.

Trustee/Custodian Name

Account Number

Telephone Number

Mailing Address

City

State

Zip Code

Trustee/Custodian Signature

Date

### Member Authorization

Please sign and date verifying the information provided is accurate.

I elect to waive the 30-day notice period

I acknowledge that I have received the Special Tax Notice Regarding Lump-Sum Distributions and written notice of the estimated amount of my partial lump-sum distribution, as well as my monthly benefit that is reduced due to my election of a PLOP distribution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Designation of Multiple Beneficiaries



Teachers Retirement System of Georgia

## ▼ To Be Completed by Member -- please print clearly

### Your Information

Print or type all personal information below.

--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

### Beneficiary Designation

Please designate your primary and/or secondary beneficiaries.

The total percentage for primary beneficiaries should equal 100%.  
The total percentage for secondary beneficiaries should equal 100%.  
For example, if you have 3 primary beneficiaries, you need to make sure that the percentages allotted equal 100% (e.g., 40%, 30%, 30%).

#### PRIMARY BENEFICIARIES

1. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
2. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
3. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
4. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
5. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%

#### SECONDARY BENEFICIARIES

1. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
2. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%
3. \_\_\_\_\_  
Name of Beneficiary      Date of Birth      Sex (M or F)      Relationship to Me

\_\_\_\_\_  
Address      City      State      Zip Code

Soc. Sec. No. \_\_\_\_\_ Percentage of available benefits to be paid \_\_\_\_\_%

\* mb-1 \*

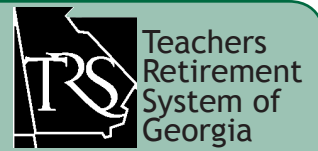
### Your Signature

Please sign and date verifying the information provided above is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Sick Leave Certification - Final



## ▼ To Be Completed by Member -- please print clearly

### Your Information

Print or type all personal information. When listing your name, please include all names under which you may have been employed.

\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number

\_\_\_\_ Last Name First Name Middle Initial

(\_\_\_\_) Telephone Number (home) (\_\_\_\_) Telephone Number (work)

\_\_\_\_ Street Address (home address)

\_\_\_\_ City State Zipcode

### Employment Information

Your date of retirement cannot be earlier than the 1st of the month following your last date of employment.

\_\_\_\_ Anticipated Last Date of Employment Anticipated Date of Retirement

\_\_\_\_ Current Employer Start Date/End Date Previous Employer Start Date/End Date

\_\_\_\_ Previous Employer Start Date/End Date Previous Employer Start Date/End Date

### Sick Leave Credit

#2--if you do not wish to receive credit for only a portion of your service time, list the employer's name and period of time you **do not** want to include.

- I want to pursue sick leave credit.
- I do not wish to pursue sick leave credit. I understand I cannot establish sick leave credit at a later date.
- I do not wish to submit sick leave verification for the following employer \_\_\_\_\_ for the following date(s) \_\_\_\_\_. I understand I cannot establish sick leave credit at a later date.

### Your Signature

Please sign and date verifying the information provided above is accurate.

\_\_\_\_ Signature Date

## ▼ To Be Completed by Employer -- please print clearly

### Sick Leave Status

Please verify the information on this form is the member's final sick leave status by checking this box.

### Sick Leave Verification

1. Please verify the Final Balance of Sick Leave subject to the qualifications listed on the back of this form. The number of sick days should be the balance prior to any lump sum payment at retirement. If applicable, list dates of missing records.

- Our personnel/payroll records show a final sick leave balance for this member of \_\_\_\_\_ days for the dates of \_\_\_\_\_ to \_\_\_\_\_.
- The total listed above reflects sick leave accrued at 1 1/4 days or less per month of service, OR  The total listed above reflects sick leave accrued at a rate higher than 1 1/4 days per month of service. Sick leave was awarded at \_\_\_\_\_ days per month of service. Please attach an explanation of accrual rate(s).
- We do not have sick leave records for the dates of \_\_\_\_\_ to \_\_\_\_\_.

### Sick Leave Lump-Sum Payments

The employee elected to receive \_\_\_\_\_ days of unused sick leave in a lump-sum payment upon termination; AND/OR the employee received \_\_\_\_\_ days of unused sick leave in a lump-sum payment as an attendance incentive or for any other program. Describe program on back of form.

### Your Signature

Please sign and date verifying the information provided above is accurate.

I certify that this information conforms to the personnel/payroll records of this system for this individual and the requirements outlined in the legislation and the TRS procedures for determining the amount of accumulated sick leave to be used for retirement purposes. I further certify that the above information is complete from all existing records for this person in this system.

\_\_\_\_ Approving Authority's Signature Title

\_\_\_\_ System Name Date



## Sick Leave Certification - Final cont.

**EMPLOYERS:** The accumulated sick leave that a TRS member may use for retirement credit may or may not be the final total showing on the employee's last pay stub or in your records. Policies such as forfeited leave, a leave bank, annual payments of leave, and other situations in your system may require you to recalculate the final balance for the determination of allowable retirement credit. The dates you list don't have to cover the entire employment time if records are not available. The following considerations should be observed when entering the Final Balance of Sick Leave on this form. **The Final Balance of Sick Leave should:**

- ♦ reflect the days earned based on the policies of your system for this individual employee.
- ♦ not exceed 1 1/4 days per month of service. If your policies call for days awarded in excess of 1 1/4 days per month of service, you may recalculate the total based on the limit of 1 1/4 days, or you may indicate your basis for accumulation on the form in the area provided.
- ♦ include all days forfeited due to your policy limitation of accrued leave.
- ♦ include all days to be paid in a lump-sum payment at retirement.
- ♦ not include the days for which the employee was paid when absent.
- ♦ reflect the reduction for any sick leave days used for personal leave.
- ♦ not include the days for which the employee was paid in a lump sum at the end of each year.
- ♦ reflect the reduction for any sick leave days donated to a sick leave bank and used from a sick leave bank which exceed the days donated. (For example, if an employee donates 2 days to a sick leave bank and uses 5 days sick leave from the bank, then the 2 days donated should be deducted from the Final Balance of Sick Leave.)
- ♦ not include days granted by special action of your governing body.
- ♦ not include days transferred from another system. However, if you do include any transferred days, you must indicate in the section below the number of transferred days included in the total and the system from which the days were transferred.

Number of sick days transferred included in total \_\_\_\_\_

System from which the sick days were transferred \_\_\_\_\_

**This form must be submitted AFTER the employee has terminated.** Since the employee could use sick leave just prior to his or her retirement date and, as a result, receive less sick leave credit, TRS will not adjust a member's benefit for sick leave credit until after the member has terminated.

You must also report ALL lump-sum payments to the member on the the front side of this form, which includes any attendance incentive pay that is paid out to the member at termination. Failure to report any lump-sum payments related to sick leave will result in reduced sick leave credit and a reduced retirement benefit to the member. If applicable, please describe the conditions of your attendance-incentive pay program or other program:

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**MEMBERS:** After you have filled out your portion of the form, you will need to make a copy of it for each employer you listed on the reverse and send the copy to them for your sick leave verification. Your sick leave credit cannot be calculated until forms from all employers are received at TRS. It is up to you to follow up with your employers to make sure they have submitted the form to TRS.

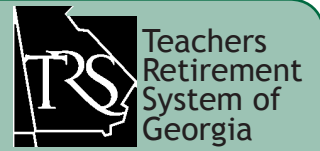
Your retirement will be processed without your sick leave credit. Your credit will be calculated after you are on retirement payroll with TRS and your monthly benefit will be adjusted retroactively to your date of retirement.

\*Under O.C.G.A Section 45-11-1, the falsification of state records by any public officer or other person is a felony subject to a fine and imprisonment.

\*\*The law requires you to keep the sick leave records for your past, present and future TRS covered employees for a period of 50 years.

\*\*\*Under O.C.G.A Section 47-3-141, any person who attempts to defraud the retirement system by means of false statements or falsified records is subject to a fine and imprisonment. Additionally, the board of trustees shall have the power to actuarially adjust any erroneous payments.

# Retirement Certification Report



## ▼ To Be Completed by Retiring Member's Employer -- please print clearly

### Member Information

If this is the first TRS-8 for the member, please mark the "estimated" box on the right. If you are submitting changes to a TRS-8 already sent to TRS, mark the "corrected" box. Also, please indicate the retiring member's data. The position and contract dates should be the ones in force for the final year of employment.

\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number

Estimated  Corrected

\_\_\_\_ Last Name  First Name  Middle Initial

\_\_\_\_ Title or Position

\_\_\_\_ Contract Dates

### Contract Type & Pay Method

If the member has had changes in position and/or his or her contract during the last three years (semester changes NOT included), please attach an explanation.

1. Contract Type (please check one)

9 or 10 month  Semester  11 month  12 month  Other \_\_\_\_\_

2. Payment Method (please check one)

12 Equal Monthly Payments  10 Equal Monthly Payments  9 Equal Monthly Payments  
 9 Equal Monthly Payments and 1 Month Summer pay  Biweekly  Other \_\_\_\_\_

**Note:** In the event you need to check more than one contract type or payment method, please attach an explanation of the changes during the year.

### Explanation of Salary & Contributions

This section should include, as accurately as possible, all information for the member's last year of employment including that which has already been reported, and any future salary and contributions. *Please read instructions on the back for more details.*

Month/ Year	Total Salary	Total Contributions	Contract Pay	Pro-rata Summer Pay	Summer Employment Pay	Other
07/	_____	_____	_____	_____	_____	_____
08/	_____	_____	_____	_____	_____	_____
09/	_____	_____	_____	_____	_____	_____
10/	_____	_____	_____	_____	_____	_____
11/	_____	_____	_____	_____	_____	_____
12/	_____	_____	_____	_____	_____	_____
01/	_____	_____	_____	_____	_____	_____
02/	_____	_____	_____	_____	_____	_____
03/	_____	_____	_____	_____	_____	_____
04/	_____	_____	_____	_____	_____	_____
05/	_____	_____	_____	_____	_____	_____
06/	_____	_____	_____	_____	_____	_____
07/	_____	_____	_____	_____	_____	_____
08/	_____	_____	_____	_____	_____	_____

Explanation of OTHER contributions listed above: \_\_\_\_\_

**1. Colleges and Universities:**  
please list semester dates

Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Maymester \_\_\_\_\_  
 Summer \_\_\_\_\_

**2. All Other School Systems:** please list regular and summer school year dates

Regular School Year \_\_\_\_\_  
 Summer School \_\_\_\_\_

**3. Termination Dates:** indicate the last date that the member will be at work, the last day of the contract and the last month of contributions you will be submitting.

Last Day at Work \_\_\_\_\_  
 Last Day in Contract \_\_\_\_\_  
 Last Month of Contributions \_\_\_\_\_

### Signature of Approving Authority

Please sign and date verifying the information provided is correct and submit form to TRS.

\_\_\_\_ Approving Authority's Signature  Date



\_\_\_\_ Employer Name

I certify the above named individual's employment is or will be severed as indicated and that no agreement exists to allow the employee to return to service, including service as or for an independent contractor. Any return to employment or rendering of any paid service, including service as or for an independent contractor, for any employer during the calendar month of the effective date of retirement shall render the severance invalid and nullify the employee application for retirement.

\_\_\_\_ Approving Authority's Signature

\_\_\_\_ Date

\_\_\_\_ Title

## Retirement Certification Report *cont.*

### Explanation of Salary & Contributions Instructions

TOTAL SALARY should include only those salaries from which TRS contributions should be made. Salary subject to TRS contributions includes:

- ◆ regular contract salary (half-time or more employment)
- ◆ summer employment pay
- ◆ all pro-rata summer pay (including less than half-time employment)
- ◆ salary adjustments if part of the regular contract
- ◆ sick leave paid on a daily basis prior to retirement with a termination date at the conclusion of the payment of the sick leave
- ◆ **Not Included:** annual or vacation leave at the end of employment (terminal annual leave), retirement incentive payments, or lump sum payments for sick leave

If you have any questions regarding allowable salary subject to TRS contributions, please visit the TRS website or contact your assigned TRS representative in the Employer Services Division.

TOTAL CONTRIBUTIONS withheld or to be withheld should be listed in this column. If the total contributions withheld for a particular month include a composite of contributions, please list the breakdown of the contributions in the proper column. If you show contributions in the "Other" column, please explain in the place provided. If more space is needed, please attach an explanation to this form before submitting to TRS.

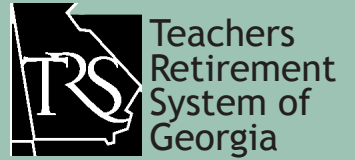
**TERMINATION DATES:** An eligible member's retirement cannot be effective until the first of the month following his/her last date of employment. If his/her last date of employment is April 30, do not show May 1 on this form. This will cause the effective date of the retirement to be June 1.

If the last month of contributions are after the termination date and they are not already explained in the spaces provided, please attach an explanation on a separate sheet of paper. (examples include: last pay due to system's payroll schedule, bi-weekly employee, etc.)

### Fluctuations in Salary and Contributions

If the member has had any unusual fluctuations in the salary and contributions during the last three years that you have not already explained, please attach an explanation on another sheet.

# Affidavit of Residency



▼ **To Be Completed by Member** -- please print clearly and mail notarized form to TRS.

## Your Information

Please print or type all personal information.

## Acceptable Forms of ID

Please see the back of this form for a list of acceptable forms of identification.

Social Security Number \_\_\_\_\_

Title (Mr, Ms etc.) \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Phone Number (daytime) \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Street Address (home address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a(n) public retirement system monthly benefit payment, as referenced in O.C.G.A. § 50-36-1, from the Teachers Retirement System of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:  
\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A United States military identification card [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>. [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A passport issued by a foreign government [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A Free and Secure Trade (FAST) card [O.C.G.A § 50-36-2(b)(3); 22 CFR § 41.2].
- A NEXUS card [O.C.G.A § 50-36-2(b)(3); 22 CFR § 41.2].
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A § 50-36-2(b)(3); 22 CFR § 41.2].
- A driver's license issued by a Canadian government authority [O.C.G.A § 50-36-2(b)(3); 8 CFR § 274a.2].
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A § 50-36-2(b)(3); 6 CFR § 37.11].
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A § 50-36-2(b)(3); 6 CFR § 37.11].
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit [O.C.G.A § 50-36-2(c)].



# Tax Forms



STATE OF GEORGIA
WITHHOLDING CERTIFICATE FOR
PENSION OR ANNUITY PAYMENTS

What is Form G-4P? Recipients of income from annuity, pension, and certain other deferred compensation plans use this form to tell payors whether to withhold income tax and on what basis.

If you itemize or claim other deductions or you and/or your spouse have more than one source of income subject to withholding or you (and your spouse if filing jointly) qualify to claim the retirement income exclusion, complete Schedule A on the back of this form to calculate the number of additional allowances to which you are entitled.

O.C.G.A. § 48-7-101(j) provides that recipients of non-periodic payments made on distributions from pension, annuity, or similar funds, may elect to have tax withheld on such distributions similar to recipients of periodic payments.

Personal Allowances Worksheet

- A Enter "1" for yourself if you are single and have only one pension or if you are married and have only one pension ..... A \_\_\_\_\_
B Enter "1" if your spouse has no income subject to withholding or your spouse's other income is \$1,000 or less ..... B \_\_\_\_\_
OR
C Enter "1" if you will file as head of household on your tax return ..... C \_\_\_\_\_
D Enter number of dependents (other than yourself and your spouse) ..... D \_\_\_\_\_
E Total allowances (Total of Lines A, B and D or Line C plus Line D) ..... E \_\_\_\_\_

Give bottom portion to payer and keep the top portion for your records.

Cut along this line

G-4P WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

Form with fields: TYPE OR PRINT YOUR FULL NAME, SOCIAL SECURITY NUMBER, HOME ADDRESS, MARITAL STATUS (check one only), CITY OR TOWN, STATE, AND ZIP CODE.

Check all that apply (see note after Line 1):

- 1. [ ] I elect not to have Georgia income tax withheld from my pension or annuity. (NOTE: If you check this box, do not complete Line 2 or Line 3.)
2. [ ] I want tax withheld from each pension or annuity payment based on the number of allowances listed here and marital status indicated above.
3. [ ] I want the following additional amount withheld from each pension or annuity payment.

Your signature

Date

**SCHEDULE A**

**ADDITIONAL ALLOWANCES WORKSHEET  
FOR CALCULATING WITHHOLDING ALLOWANCES ENTERED ON LINE 2**

**1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**

You:  Age 65       Blind  
Spouse:  Age 65       Blind

Number of Blocks Checked \_\_\_\_\_ x 1300 = ..... \$ \_\_\_\_\_

**2. ADDITIONAL ALLOWANCES:**

(A) Estimated Federal Itemized Deductions ..... \$ \_\_\_\_\_

(B) Georgia Standard Deduction ..... \$ \_\_\_\_\_

(This adjustment is necessary if itemized deductions are included in Line (A) because the standard deduction is built into the Georgia withholding tax tables. Both standard and itemized deductions can not be claimed.)

Enter One:      Single/Head of Household      \$2,300  
                  Married Filing Joint              \$3,000  
                  Married Filing Separate          \$1,500

(C) Subtract Line (B) from Line (A) ..... \$ \_\_\_\_\_

(D) Allowable deductions to Federal Adjusted Gross Income ..... \$ \_\_\_\_\_  
(such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law)

(E) Add the amounts on Lines 1, 2(C), and 2(D) ..... \$ \_\_\_\_\_

(F) Estimated income not subject to withholding ..... \$ \_\_\_\_\_  
(such as interest, dividends and lump sum distributions)

(G) Subtract Line (F) from Line (E) (If zero or less, stop here) ..... \$ \_\_\_\_\_

(H) Divide the amount on Line (G) by \$3,000 ..... \_\_\_\_\_  
(This is the number of additional allowances. If the remainder is over \$1,500 round up)

(I) Enter the number from Page 1, Line E ..... \_\_\_\_\_

(J) Add Lines (H) and (I). Enter the total here and on Form G-4P, Line 2 ..... \_\_\_\_\_

**Withholding Certificate for  
 Pension or Annuity Payments**

**2012**

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

**What do I need to do?** Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/ more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at [www.irs.gov/w4p](http://www.irs.gov/w4p). Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

**Personal Allowances Worksheet (Keep for your records.)**

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one pension; or   
 • You are married, have only one pension, and your spouse has no income subject to withholding; or   
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return . . . . . **E** \_\_\_\_\_

**F Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . . **F** \_\_\_\_\_

**G** Add lines A through F and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **G** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 { • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for  
 Pension or Annuity Payments**

**2012**

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

**Complete the following applicable lines.**

**1** Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►

**2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ► \_\_\_\_\_

**Marital status:**  Single  Married  Married, but withhold at higher Single rate (Enter number of allowances.)

**3** Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$ \_\_\_\_\_

Your signature ►

Date ►

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: { \$11,900 if married filing jointly or qualifying widow(er)  
\$8,700 if head of household  
\$5,950 if single or married filing separately } . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2012 income not subject to withholding (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 . . . . . **10** \_\_\_\_\_

**Multiple Pensions/More-Than-One-Income Worksheet**

**Note.** Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3” . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter “-0-” on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of pay periods remaining in 2012. For example, divide by 12 if you are paid every month and you complete this form in December 2011. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

## Additional Instructions

*Section references are to the Internal Revenue Code.*

**When should I complete the form?** Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2012. You also may use the IRS Withholding Calculator at [www.irs.gov/individuals](http://www.irs.gov/individuals) for help in determining how many withholding allowances to claim on your Form W-4P.

**Multiple pensions/more-than-one income.** To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note.** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

### Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

**Caution.** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

**Caution.** If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,640 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution.** If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

**Note.** The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

### Changing Your “No Withholding” Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write “Revoked” next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write “Revoked” next to the checkbox on line 1 and submit Form W-4P to your payer.

### Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person’s taxpayer identification number (TIN).

### Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person’s U.S. Source Income Subject to Withholding*, by March 15 of next year.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.