

Georgia Judicial Retirement System Retirement Application

General Instructions

- This Service Retirement Application may be used only for the Georgia Judicial Retirement System (JRS) that is administered by the Employees' Retirement System of Georgia (ERSGA).
- Please type or print. Blue ink is preferred.
- Read all instructions carefully. The instructions correspond to the form to be completed on the pages following the instructions. The form begins on page 5.
- Remember you will need to initial, write the last four numbers of your Social Security number, and date on pages 7, 9, 11, 13, & 15. Complete Step 1 on the IRS form on page 16, and sign and date Step 5. Note that page 20 will need to be completed and notarized. Your signature, the last four numbers of your Social Security number, and the date are needed on page 21.
- Make a copy of the application and any attachments for your records.
- Return completed application directly to ERSGA.
- Your original signature and initials are required on the submitted application.

***Omitted or incomplete information will delay processing.
(See the check list on page 22.)***

Privacy Note

IRS regulations require JRS to obtain the social security number of any member before processing his or her election to retire. Disclosure is mandatory and this application will not be processed without this information.

Filing Your Application

This application may be filed with JRS *no sooner than 90 days* before the effective date of retirement. Retirement applications that are received *less than 30 days before the effective retirement date* will result in a retroactive payment on the next available monthly payroll. This application is not considered filed until it is received by ERSGA.

Effective Retirement Dates

All retirement dates are effective on the first day of the month, after your date of termination (or separation) upon meeting the service and/or age qualifications. The first monthly retirement allowance is paid on either the last working day of the month in which your retirement effective date occurs or the next available payroll month.

The Board of Trustees and JRS developed this retirement application to provide general information about your retirement benefits. In the case of any conflict between what is presented here and the laws governing this System, the law will take precedence.

Before Retirement

PURCHASING SERVICE

All service purchases must be completed prior to termination.

TERMINATING STATE EMPLOYMENT

After receiving your retirement application, JRS will contact your state employer for salary information. You must terminate from state employment prior to the effective date of your retirement. If you fail to terminate your state employment or return to state employment within one month of the effective retirement date, this application will be void.

MAKING CHANGES TO THIS APPLICATION AFTER FILED

Once you have filed a Service Retirement Application, any changes in the retirement date or beneficiaries listed in this application must be received by JRS in writing on or before the last business day of the effective month of retirement. Changes received less than 20 days prior to retirement may delay the issuance of your first check. All retirement options are final when the first retirement allowance becomes due on the last business day of the effective retirement month or payroll month. After Retirement, exceptions are specified in the options instructions of this form.

After Retirement

SERVICE RETIREMENT RE-EMPLOYMENT LIMITATIONS

All service retirees who return to service with the State, except as a member of the General Assembly, are limited to no more than 1,040 hours of work during a calendar year. If you work more than 1,040 hours, your retirement allowance will be suspended for the remainder of the calendar year.

* Requirements have changed over the years. Please contact JRS to determine re-employment limitations specific to you.

POST-RETIREMENT BENEFIT ADJUSTMENTS

- Subject to the approval of the JRS Board, Post-Retirement Benefit Adjustments may be given up to twice a year.
- A Post-Retirement Benefit Adjustment is not guaranteed and you should not base your financial decisions on the possibility of a Benefit Adjustment until an Adjustment has been announced.
- Post-Retirement Benefit Adjustments are not available to retirees with a membership date on or after July 1, 2009 (this group is specifically excluded by statute from receiving post-retirement adjustment payments.)

MAKING CHANGES

Retirement Options - Only for Members with Membership Start Date on or after July 1, 2012

Options cannot be changed after the day the first retirement allowance normally becomes due, on the last business day of the effective retirement month or payroll month whichever is later, except in the specific cases listed below.

Death of Primary Beneficiary:

- Under options 1, 2, or 3, if your primary beneficiary(ies) predeceases you, there will be no change to your monthly pension.
- Under options 4A, 4B, or 4C, if your primary beneficiary predeceases you, your monthly pension will pop-up to the Maximum Plan amount effective the month after your beneficiary's death.
- Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, such spouse predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

After Retirement (cont)

MAKING CHANGES (CONT)

Divorce:

- Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, and a final judgment of complete divorce from spouse is entered, you will have two choices:
 1. Continue the option elected with former spouse still designated to receive benefits after your death, or
 2. You may revoke the former spouse as beneficiary; however, there will be no increase in your benefit. The revocation can be made at any time after final judgment of divorce. If you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

Unmarried at Retirement:

If you are not married when you retire, and elect to receive the Maximum Plan, and you subsequently marry, you may elect to begin receiving an actuarially reduced benefit of equivalent value and establish on behalf of the spouse, either option 1, 2, 3, 4A, 4B, or 4C. Please note that this election can only be made within six months after the marriage.

Beneficiaries

For Members with Membership Start Date prior to July 2012:

- Primary Beneficiary(ies) –
 - If you have Spousal coverage you may change your Primary Beneficiary any time after retirement. Benefits for a non-spouse beneficiary will be actuarially reduced based on your age and your beneficiary's age.
 - If you do not have Spousal coverage, the right to change your Primary Beneficiary is not limited.
- Secondary Beneficiary(ies) – Secondary Beneficiaries may be changed at any time, regardless of your retirement option.
- Group Term Life Insurance – Both Primary and Secondary Beneficiaries may be changed at any time.
- Beneficiary changes take effect when ERSGA receives the changes in writing. You can download a copy of the Retiree's Change of Beneficiary form from our website: ers.ga.gov.

For Members with Membership Start Date on or after July 1, 2012:

- Primary Beneficiary(ies) –
 - If you choose the Maximum Plan, you may change your Primary Beneficiary(ies) at any time.
 - If you choose Option 1, 2, 3, 4A, 4B, or 4C, the right to change your Primary Beneficiary is limited.
- Secondary Beneficiary(ies) – Secondary Beneficiaries may be changed at any time, regardless of your retirement option.
- Beneficiary changes take effect when ERSGA receives the changes in writing. You can download a copy of the Retiree's Change of Beneficiary form from our website: ers.ga.gov.

Address and Taxes

Changes for your address, federal taxes, and state of Georgia taxes can be made at any time. Changes received in the ERSGA office by the 18th of the month should be reflected on that month's payment. Changes can be made online by logging in to your account at ers.ga.gov or by downloading copies of the address change, federal tax, and state of Georgia tax withholding forms from our website: ers.ga.gov. Some changes may be made over the phone.

Direct Deposit

Direct deposit is mandatory and should begin with your first monthly payment. You can make changes online by logging in to your account at ers.ga.gov or download a copy of our direct deposit form from our website: ers.ga.gov.

Retirement Application

NAME

Please print/type your name as you would like it to appear on your retirement check.

DATE OF BIRTH and SOCIAL SECURITY NUMBER

Any discrepancies must be resolved prior to any payment of benefits.

MAILING ADDRESS

Please print or type the mailing address where you would like us to mail important retirement documents and correspondence.

EMAIL ADDRESS

Please print or type your personal email address.

HOME PHONE # and DAYTIME PHONE #

Please print or type your home phone number or cell phone number and your work phone number or the best day-time contact number.

MARITAL STATUS

Please check the box in front of your current marital status.

STATE EMPLOYER

Please print or type the name of your current employer or last state employer.

POSITION TITLE

Please print or type your current title or last state position title.

EFFECTIVE DATE OF RETIREMENT

Your effective retirement date will always be on the first day of the month. For example: If your last day of work is in May, your retirement date will be June 1.

TYPE OF RETIREMENT

Service

- Regular: Age 60 or older with at least 16 years of creditable service.
- Early: Age 60 or older with between 10 and 16 years of creditable service.

Disability

- Permanently and totally disabled to serve in current position.
- At least 4 years of creditable service
- Subject to ERS Medical Board Approval
- Must complete PART II, PART III, PART IV, and PART V of the ERS Disability Retirement Application



RETIREMENT APPLICATION – JRS

Name _____

Date of Birth _____ Social Security# _____
MM/DD/YYYY

Mailing Address _____
Street / PO Box

City _____ State _____ Zip Code _____

Email Address _____

Home Phone# _____ Daytime Phone# _____

Marital Status (Check One): Single Married
 Widowed Divorced

State Employer (Department/Agency/School System)

Position Title _____

Effective Date of Retirement 1st Day of _____
Month Year

Type of Retirement (See instructions page 4)

Service Disability

Retirement Options

NOTE: If your membership start date was prior to July 2012, the following section is ***not*** applicable to you. Instead, you elected during your membership, to have either Spousal Coverage or no Spousal coverage.

This section is ***only*** for members whose membership start date was on or after July 1, 2012.

Maximum Plan: This option provides the highest, lifetime monthly benefit to you. There are no further monthly payments after your death. Your primary beneficiary(ies) will be entitled to a single payment of any remaining contributions and interest exceeding the gross benefit paid to you at the time of your death. If your primary beneficiary (ies) predeceases you, the payment will go to the secondary beneficiary(ies). You may name your Estate, a charity, a trust or a living person(s) as your beneficiary. You may change your beneficiary(ies) at any time.

Options 1*, 2* & 3: These options provide a reduced monthly benefit for your lifetime and a survivor benefit at your death. If your beneficiary predeceases you, there is no change to your monthly allowance and it will terminate at your death. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages. If any beneficiary predeceases you, there is no change to the benefit payable to any surviving beneficiary upon your death.

Option 1 100% Joint & Survivor* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive the same monthly allowance.

Option 2 66-2/3% Joint & Survivor* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive 66-2/3% of your monthly allowance.

Option 3 50% Joint & Survivor - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive half of your monthly allowance.

Options 4A*, 4B* & 4C: These options provide a reduced monthly allowance for your lifetime. You may only list a sole primary beneficiary. If your primary beneficiary predeceases you, you will pop-up to the Maximum Plan.

Option 4A 100% Joint & Survivor Pop-up* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive the same monthly allowance.

Option 4B 66-2/3% Joint & Survivor Pop-up* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive 66-2/3% of your monthly allowance.

Option 4C 50% Joint & Survivor Pop-up - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive one-half of your monthly allowance.

**Please note: To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% or 66-2/3% retirement benefit under Options 1, 2, 4A, or 4B if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of their ineligibility to select that option.*

NOTE: Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, and predeceases you or you divorce, and you subsequently remarry, you may re-elect to begin receiving an actuarially reduced benefit with your new spouse, under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

Regardless of Option Elected: If the Gross benefits paid to you the retiree and your beneficiary(ies) do not exceed your contributions and interest amount at the time of retirement, a refund of the remaining amount will be paid to the primary beneficiary(ies) unless the primary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

MONTHLY RETIREMENT ALLOWANCE OPTIONS

NOTE: If your membership start date was prior to July 2012, the section below is **not** applicable to you, as you elected during your membership to have either Spousal Coverage or no Spousal coverage. Please check the box below if your JRS membership start date was prior to July 2012.

JRS Membership Start Date was prior to July 2012.

The section below is **only** for members whose JRS membership start date was on or after July 1, 2012.

Please choose only **one** monthly retirement allowance option. If you make a mistake, write your initials next to the correct choice. You may reference page 6 of this application, your estimate, the handbook, or Option Chart for additional information regarding the options.

- MAXIMUM PLAN** – Benefits cease after my death.
- OPTION 1: 100% Joint & Survivor** – At my death, my beneficiary will receive the same amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.
- OPTION 2: 66-2/3% Joint & Survivor** – At my death, my beneficiary will receive 66-2/3% of the amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.
- OPTION 3: 50% Joint & Survivor** – At my death, my beneficiary will receive half of the amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.
- OPTION 4A: 100% Joint & Survivor Pop-up** – At my death, my sole primary beneficiary will receive the same amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.
- OPTION 4B: 66-2/3% Joint & Survivor Pop-up** – At my death, my sole primary beneficiary will receive 66-2/3% of the amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.
- OPTION 4C: 50% Joint & Survivor Pop-up** – At my death, my sole primary beneficiary will receive half of the amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

Please Initial _____ Last four digits in your SSN _____ Date _____

Naming Your Retirement Allowance Beneficiaries

- You may name one or more primary and/or contingent beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- Retirement applications without a listed beneficiary will not be processed.
- Secondary beneficiaries may be changed at any time.
- A will does not take precedence over this designation. Benefits are not assignable by wills.
- Please verify all birth dates. Correct birth dates are essential in calculating benefits.

Spousal Coverage (For Members with Membership Start Date Prior to July 2012)

- A person other than the spouse may be designated as the beneficiary, with the benefit equal to a normal spousal benefit that is actuarially reduced based on the beneficiary's life expectancy.
- You may change your primary beneficiaries after retirement.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased or have disclaimed their benefit. Your secondary beneficiaries will not receive a lifetime, monthly benefit.
- If you choose your Estate as the primary beneficiary, monthly benefits will cease at your death and you do not need a secondary beneficiary.
- If you name more than one primary beneficiary, any benefits due at your death will be distributed equally to each of your surviving primary beneficiaries.

No Spousal Coverage (For Members with Membership Start Date Prior to July 2012) And Maximum Plan (For Members with Membership Start Date on or after July 1, 2012)

- You may change beneficiaries at any time.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased or have disclaimed their benefit.
- If you choose your Estate as the primary beneficiary, you do not need a secondary beneficiary.
- If you name more than one primary beneficiary, any benefits due at your death will be distributed equally to each of your surviving primary beneficiaries.

Options 1*, 2*, & 3 (For Members with Membership Start Date on or after July 1, 2012)

- If you name multiple primary beneficiaries, the amount each beneficiary would receive is calculated when you retire. Should any beneficiary predecease you, the living beneficiary(ies) would still receive the amount determined at retirement.
- You may change your primary beneficiary only if:
 - Your spouse is the sole, primary beneficiary and you get a divorce. There is no change to your benefit, but if you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.
 - Your spouse is the sole, primary beneficiary and predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

Options 4A*, 4B*, & 4C (For Members with Membership Start Date on or after July 1, 2012)

- You may only name one primary beneficiary. If your primary beneficiary dies before you, your benefit will change to the Maximum Plan.
- You may change your primary beneficiary only if:
 - Your spouse is the sole, primary beneficiary and you get a divorce. There is no change to your benefit, but if you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.
 - Your spouse is the sole, primary beneficiary and predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

**To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% or 66-2/3% retirement benefit under Options 1, 2, 4A, or 4B if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of their ineligibility to select applicable option.*



Primary Beneficiary(ies) for Retirement Benefits

Maximum Plan or No Spousal Coverage – Any person, estate or organization may be listed.
Spousal Coverage or Options 1, 2, or 3 – Any living person may be listed. If multiple beneficiaries are listed, benefits will be equally distributed.
Options 4A, 4B or 4C – only one living primary beneficiary may be named

As Primary Beneficiary for any retirement benefits due after my death, I designate the following:

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Secondary Beneficiary(ies) for Retirement Benefits

Any person, estate or organization may be listed.
Required unless Estate, an organization, or multiple beneficiaries listed as Primary.

If the Primary Beneficiary that I designated above is deceased at my death, I then designate as Secondary Beneficiary the following:

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Name _____
Mailing Address _____
Date of Birth _____ Relationship _____

Please Initial _____ Last four digits in your SSN _____ Date _____

Naming Your Group Term Life Insurance (GTLI) Beneficiaries

- You may name one or more primary and/or secondary beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- All Group Term Life Insurance (GTLI) beneficiaries may be changed at any time.
- You may designate percentages to multiple beneficiaries, but the total **must equal 100%**.
- If you do not specify percentages, your beneficiaries will receive equal amounts.
- A will does not take precedence over this designation.
- Group Term Life Insurance is not assignable.
- This Group Term Life Insurance has no cash value and is payable only upon your death.

PLEASE NOTE: The following members **do not** have coverage in the GTLI Program:

- Employees hired on or after July 1, 2009 or employees hired prior to July 1, 2002 that did not elect coverage.
- Members that terminate employment and vest their retirement, to retire at a later date, with less than 18 years of creditable service
- Members that terminate employment and vest their retirement with at least 18 years of creditable service, and a written request to discontinue GTLI coverage is received by ERSGA.

Do not complete GTLI Beneficiary designations if you are not covered.



Primary Beneficiary(ies) for GTLI Benefits

Any person, estate or organization may be listed.

NOTE: If your membership start date is on or after July 1, 2009 or prior to July 1, 2002 and you did not elect coverage, the section below is **not** applicable to you.

As Primary Beneficiary for any GTLI benefits due after my death, I designate the following:

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Secondary Beneficiary(ies) for GTLI Benefits

Any person, estate or organization may be listed.

Required unless Estate, an organization, or multiple beneficiaries is listed as Primary.

If the Primary Beneficiary that I designated above is deceased at my death, I then designate as Secondary Beneficiary the following:

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____ Percentage ____%

Mailing Address _____

Date of Birth _____ Relationship _____

Total Percentage 100 %

Please Initial _____ Last four digits in your SSN _____ Date _____

Direct Deposit Instructions

1. Enter the name of your financial institution.
2. Check the box indicating whether the account is a Checking Account or a Savings Account.
 - **Checking:** Attach a pre-printed check (with the word VOID printed on it) or authorization letter for the account to which your deposit is to be made to the form on the next page. Starter checks will not be accepted.
 - **Savings:** Attach a savings deposit slip or authorization letter to the form on the next page.

For some banks, the routing number is different than what is printed on the deposit slip. Enter your routing number in the space provided.

Authorization Letters

If you are submitting an authorization letter instead of a check or deposit slip, place the letter behind the direct deposit form in your retirement application. The authorization letter must include:

- Type of account
- Name(s) on the account
- Account number
- Routing number

Direct Deposit takes effect with your first monthly payment.

Changing Direct Deposit

After you receive your first payment, changes to Direct Deposit must be received before payroll is processed in order to be effective for the current month. You may change your Direct Deposit online by logging in to your account at ers.ga.gov. Alternatively, you can download a copy of the Direct Deposit form from our website.



Direct Deposit Information

Bank Information

Name of Financial Institution _____

Checking

Savings

Savings Routing Number _____

Attach your voided check or savings deposit slip below. **Do not staple.**

For written requests by your financial institution, place letter behind this form in your retirement application.

Attach
Voided Check
or
Savings Deposit Slip

Please Initial _____

Last 4 digits of SSN _____

Date _____

Income Tax Withholding Instructions

- Your retirement allowance is subject to federal income taxes and to Georgia income tax if you are a resident of Georgia. Consult a tax advisor if necessary.
- You may change your tax withholdings at any time. However, changes must be received in the ERSGA office by the 18th of the month to ensure the change will be made that month.
- You may change your withholdings online logging in to your account at ers.ga.gov.
Alternatively, you can download copies of the federal and state of Georgia tax withholding forms from our website or request a copy from our office.

Georgia State Withholding

- If you **do not** wish to have Georgia state taxes withheld **or** you live outside of Georgia, check the box next to line 1.
- If you **want** to have Georgia state taxes withheld, in the line 2 section check one box indicating your filing status and fill in the number of exemptions.
- You may specify an additional dollar amount to be withheld on line 3. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Federal Withholding

- If you **do not** wish to have federal taxes withheld, write “No Withholding” in the space under box 4(c) in Step 4 of the IRS form. You may be required to pay estimated taxes and incur a penalty.
- If you **want** to have federal taxes withheld, follow the instructions on pages 2 and 3 on the IRS form.
- You may specify an additional dollar amount to be withheld. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Georgia State Income Tax Withholding

This is a substitute for GA Dept. of Revenue Form G-4P

1. **I do not want** Georgia state tax withheld from my benefit check. (Do not complete lines 2 or 3)
2. I want to withhold taxes based on Georgia tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)
Filing Status: Single Head of Household Married filing separately
Married Filing Jointly: One spouse working Both spouses working
Exemptions: I claim _____ total dependents/exemptions/allowances.
3. In addition to the taxes withheld based on the filing status and exemptions selected above, I want \$_____ (specific dollar amount) withheld.

Please Initial _____ Last 4 digits in your SSN _____ Date _____



Form **W-4P**

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

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 pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change 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). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing 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 territories 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.

O.C.G.A. § 50-36-1(e)(2) Affidavit

JRS must verify the lawful presence in the United States of any natural person 18 years of age or older who has applied for retirement benefits at the time they apply for benefits.

Residency Affidavit Acceptable Documents O.C.G.A. § 50-36-1(e)(2)

Effective January 1, 2012, O.C.G.A. § 50-36-1(e) requires that all applicants for a public benefit complete signed and sworn affidavits, and provide at least one secure and verifiable document, as verification of lawful presence within the United States. The following page contains the affidavit that must be signed and notarized; this page provides additional information regarding acceptable forms of secure and verifiable documents.

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/W/hoWeAre/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)]



O.C.G.A. § 50-36-1(e)(2) Affidavit

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

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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 attached a copy of at least one secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided to ERSGA with this affidavit can best be classified as:

(Attach a copy of the secure and verifiable document or photo id)

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

Last four digits of SSN _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

NOTE: This affidavit must have a notary signature and stamp or embossment and a copy of the secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list must be returned to ERSGA with this application.

Acknowledgement of Member

My employment with the state will terminate (or terminated) on _____.
MM / DD /YYYY

My effective retirement date may not be before the first of the month following my final month of employment. I understand the ERSGA must be notified if I work past the termination date listed above **or** return to state employment within one month of the effective date of retirement listed on page 5. I also understand that my retirement application will be void.

By signing this application I agree to the following conditions:

- I authorize ERSGA to electronically deposit my net monthly allowance into my bank account.
- ERSGA is authorized to adjust any entries made in error.
- This arrangement remains in effect until I cancel or supersede it in writing to ERSGA.
- I agree to immediately notify ERSGA of any change in my checking or savings account information online by logging in to my online account or downloading a copy of the Direct Deposit form from the ERSGA website and submitting the completed form.
- No monthly check stubs are issued. Payment history can be viewed by logging in to my online account at ers.ga.gov .
- Monthly allowances are scheduled for deposit on the last working day of the month.
- Contact ERSGA immediately upon the death of a recipient of this benefit. Funds deposited after the month of death of the recipient must be returned to ERSGA.
- Failure to abide by these conditions can jeopardize my monthly allowance.

Please note that OCGA § 47-23-109 states that if a retired member returns to State employment, the retirement allowance shall be suspended through the end of the calendar year if the employee performs more than 1,040 hours of service during the calendar year. Should you become employed by a State employer, you must inform your employer you are a JRS retiree. Both you and the State employer are required to notify ERSGA immediately if you will exceed the maximum hours.

I have read the retirement application (including instructions) and I understand the retirement options and methods of payment outlined in this application. I further understand that once ERSGA mails or direct deposits my initial benefit check on the last business day of the payroll month, this application cannot be cancelled and the primary beneficiaries I chose at retirement cannot be changed, unless I have Spousal coverage.

APPLICANT'S SIGNATURE: _____

LAST FOUR DIGITS OF SSN: _____ DATE: _____

Re-employment after Retirement

Any return to state employment cannot take place during the first month of retirement. The retirement application will be void if the retiree returns to state employment within the first month of retirement. There is no restriction for employment that is not with a covered employer.

Retirement Application Checklist

- I have initialed, written the last four numbers of my Social Security number, and dated pages 7, 9, 11, 13, & 15.
- I have either selected that my JRS membership start date was prior to 7/2012, or selected an option if my JRS membership start date was on or after 7/1/2012, on page 7.
- I have designated my beneficiaries for retirement benefits on page 9 and GTLI benefits on page 11, if applicable.
- I have completed my election of Georgia State withholdings on page 15.
- I have completed my election of Federal withholdings on page 16.
- I have completed my direct deposit information on page 13.
- I have included a voided pre-printed check or direct deposit authorization **or** savings account deposit slip or a written request on financial institution letterhead signed by one of their representatives as requested on page 13.
- I have completed page 20 with notarization.
- I have included at least one secure and verifiable document or photo id as requested on page 20.
- I have signed, written the last four numbers of my Social Security number and dated page 21.

Employees' Retirement System of Georgia

Two Northside 75 Suite 300

Atlanta, GA 30318-7701

Local (404) 350-6300

Toll Free 1-800-805-4609

ers.ga.gov