

Employees' Retirement System **Service Retirement Application**

Section I. General application instructions

Section II. Instructions for Forms in Section III

This section contains instructions for completing the *Forms* section. The instructions will contain the name of the form at the top of the page, as well as the page number where the form can be found.

Please do not include Section II when sending your completed retirement application forms to ERSGA.

Section III. Forms and Acknowledgements Section

This section contains forms and acknowledgements to be completed and sent to ERSGA to process your retirement application. Retirement applications cannot be processed without receipt of all completed forms and acknowledgements in this section.

Section IV. Application Checklist

Checklist to help ensure all forms have been completed correctly. This checklist is for your records. Please do not return to ERSGA.

IMPORTANT:

Most ERS members are able to apply for Retirement Online. Before using this application, log in to your secure online account at ers.ga.gov to see if you can apply for Retirement Online.

Retirement Online is faster and easier, and has many features to help you make the best elections *for you* when applying for retirement.

Section I

General Application Instructions

General Instructions

This Service Retirement Application may be used only for the Employees' Retirement System (ERS).

Read all instructions carefully:

- You will need to initial, write the last four numbers of your Social Security number, and date on pages 20, 21, 22, 23, 24, 25, 28, and 29. Please note that page 26 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 27.
- Make a copy of the application and any attachments for your records.
- Return completed application forms in Section III directly to ERSGA.
- Your original signature and initials are required on the submitted application.

Omitted or incomplete information will delay processing (see the checklist on page 34). ERSGA must receive pages with original initials and signatures in ink.

Privacy Note

IRS regulations require ERSGA to obtain the social security number of any member before processing their 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 ERSGA 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, but not before:

- Your termination of ERS eligible employment, and
- On or after meeting the age and/or service qualifications, and
- The month your retirement application is received at ERSGA

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.

Disability Retirement

This application is for service retirement only. If you wish to apply for disability retirement, please access our website or contact our office (see page 1 for contact information) and request an ERS Disability Retirement Application.

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

Before Retirement

Workshop for Retirement Answers and Preparation (WRAP)

The ERSGA website has information to assist you in preparing for your retirement. Visit our website for a link to our WRAP Playlist for video presentations on the ERS Pension, Flexible Benefits, and Peach State Reserves (PSR). You will also find a PowerPoint presentation for the State Health Benefits Plan (SHBP). All of this information is at ers.ga.gov/wrap.

Our website will let you know if we're offering an onsite WRAP presentation at our office in Atlanta, and how to sign up for it if we are. The website also has some Helpful Publications to review on Forfeited Leave, Retirement Options, Air Time, and Partial Lump Sum Option (PLOP).

Purchasing Service

All service purchases must be completed prior to termination.

If you are retiring directly from Active ERS employment, you can choose to purchase up to 3 years of creditable service as *Air Time*. See the ERS Handbook available on ers.ga.gov for more information. If you are interested, contact ERSGA to request a cost estimate for Air Time service.

Terminating State Employment

After receiving your retirement application, ERSGA will contact your state employer to verify retirement and forfeited leave 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 (two months for "early" retirement) 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 allowance options, dates or beneficiaries listed in this application must be received by ERSGA in writing prior to 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 monthly benefit payment. 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

Re-Employment after Retirement

Any return to state employment with an ERS covered employer 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.

To ensure compliance with IRS requirements for qualified plans, an ERS retiree who retired under Early Retirement provisions (for prior to reaching Normal Retirement Age) cannot return to work for a State employer, including work as or for an independent contractor, for two months after their retirement date. This includes (in some cases) the Board of Regents as well as certain county school systems. Also, upon termination the member's employer must certify that there is no agreement to return to State employment after retirement.

Service Retirement Re-Employment Limitations

All retirees, except disability retirees, who are re-employed by an employer participating in ERS 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.

Post-Retirement Benefit Adjustments

- Post-Retirement Benefit Adjustments are subject to the approval of the ERS Board of Trustees
- A Post-Retirement Benefit Adjustment is not guaranteed and you should not base your financial decisions on the possibility of an increase until an increase has been announced
- Eligibility for Post-Retirement Benefit Adjustments is currently:
 - You must be retired for at least 12 months
 - If you retire under Early Retirement provisions, the Normal Retirement Date must be at least 12 months ago (Normal Retirement is the earlier of age 60 or the date you would have obtained 30 years of Creditable Service, whichever is earlier)
 - If you retire under Disability Retirement, you must be at least age 45 or older
- If you are a GSEPS (Tier 3) member with a membership start date on or after 7/1/2009, you are not eligible for a post-retirement increase.

After Retirement

Making Changes

Retirement Options

Options cannot be changed on or 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.

- If unmarried at retirement, upon marriage after retirement the retiree may change to an actuarially recalculated optional benefit naming the new spouse as primary beneficiary; however:
 1. If retired under the Maximum Plan, this election must be made in writing within six months after the marriage.
 2. If retired under an optional allowance, the retiree must revoke the original option and elect, in writing, option 2, 3, 4, 5A, or 5B with the new spouse as primary beneficiary at any time after the marriage.
- If married at retirement and retired under an optional allowance (option 2, 3, 4, 5A, or 5B) with the spouse listed as the sole primary beneficiary, and divorce occurs, the following applies:
 1. The retiree may elect to change to the Maximum Plan or may leave the divorced spouse as beneficiary under the existing option.
 2. If the option has been changed to the Maximum Plan, after one year of re-marriage, or the birth of a child from that marriage, the retiree may re-elect the original retirement option actuarially recalculated with the new spouse as sole primary beneficiary.

Beneficiaries

- Primary Beneficiary(ies)
 - If you chose the Maximum Plan, Option 1, 4 Period Certain, or 4 Accelerated benefit at retirement, you may change your Primary Beneficiary(ies) at any time.
 - If you chose the Option 2, 3, 4 Specialized Specified, 4 Flat Amount to Beneficiary, 4 Max Amount to Beneficiary, 5A or 5B at retirement, 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.
- 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

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. You can log in to your secure online account to make these changes, or download copies of the address change, federal W-4P, and state of Georgia tax withholding forms from our website: ers.ga.gov

Direct Deposit

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

Section II

Instructions for Forms in Section III

The following pages contain instructions for completing the forms in the *Forms and Acknowledgements* section. The instructions will contain the name of the form at the top of the page, as well as the page number where the form can be found.

Please do not include this section when sending your completed retirement application forms to ERSGA.

Service Retirement Application Form: Page 19

Name

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

Date of Birth and Social Security Number (SSN)

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 and Cell Phone Numbers

Please print or type your home phone number or cell phone number, or the best daytime phone number after retirement.

Marital Status

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

State Employer

Please print or type the name of your current state 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 employment is in May, your retirement date will be June 1.

Type of Retirement

Service

- Age 60 or older with at least 10 years of service
- 25 years of service or more at any age

Law Enforcement Service

- Age 55 or older with at least 10 years service and actively employed and reported by one of the following:
 - Uniform Division of Public Safety as an officer, noncommissioned officer, or trooper
 - Georgia Bureau of Investigation as an officer or agent
 - Department of Natural Resources as a game warden
 - Department of Revenue as an alcohol and tobacco officer or agent, or officer or agent of the Special Investigations Unit.

Retirement Options Form: Page 20

Maximum Plan

This option provides the highest, lifetime monthly benefit to you. No monthly benefit is payable after death. At your death, your named beneficiary(ies) will receive a single payment of any funds remaining in your contributions and interest account. 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.

Option 1

This option provides a reduced, lifetime monthly benefit to you. No monthly benefit is payable after death. At your death, your named beneficiary(ies) will receive any funds remaining in your contributions and interest account. 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 2* & 3

These options provide a reduced monthly benefit for your lifetime and a survivor benefit at your death. If your primary beneficiary predeceases you, there is no change to your benefit and no further benefits will be payable upon your death. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages. If one of those beneficiaries predeceases you, there is no change to your benefit and no change to the benefits payable to the surviving beneficiaries upon your death.

Option 2*: 100% Joint & Survivor: At your death, your named, living, primary beneficiary designated at retirement will receive the same monthly allowance.

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

Option 4

Option 4 is highly individualized and you may be able to convert your monthly allowance into one of several methods of payment. If you are interested in Option 4, please visit our self-service website or request an estimate before choosing. The most common choices for Option 4 are:

Specialized Specified: 90% to retiree with remainder to beneficiary named at retirement: available to some Old Plan members with 34 years of service. You would receive the most you can get as a retiree (90% of your highest salary) and the remainder can be converted to a monthly benefit to your primary beneficiary(ies) named at retirement. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages. If your primary beneficiary predeceases you, there is no change to your benefit and no further benefits will be payable upon your death. If you elect multiple beneficiaries and one of those beneficiaries predeceases you, there is no change to your benefit and no change to the benefits payable to the surviving beneficiaries upon your death.

Flat amount to beneficiary: You designate how much you want your primary beneficiary named at retirement to receive after your death. You may not specify more than the amount payable to you. If your primary beneficiary predeceases you, there is no change to your benefit and no further benefits will be payable upon your death. If you elect multiple beneficiaries and one of those beneficiaries predeceases you, there is no change to your benefit and no change to the benefits payable to the surviving beneficiaries upon your death.

Period Certain: Guaranteed period certain: guarantees a monthly benefit for your lifetime. If you die before the selected number of payments (5, 10, 15, or 20 years), your named beneficiary will receive the remaining value in a lump sum.

Retirement Options Form: Page 20 (continued)

Accelerated: An accelerated benefit: you receive 135% of the maximum calculated benefit for the first five continuous years. After this time your benefit will be actuarially reduced for your lifetime. There is no beneficiary benefit.

Max Amount to Beneficiary*: If Option 2 is unavailable because you have listed a non-spouse beneficiary more than 10 years younger than you, this option provides the highest possible benefit to your beneficiary: This option provides a reduced monthly benefit for your lifetime and the highest survivor benefit at your death to your primary beneficiary(ies) named at retirement. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages. If your primary beneficiary predeceases you, there is no change to your benefit and no further benefits will be payable upon your death. If you elect multiple beneficiaries and one of those beneficiaries predeceases you, there is no change to your benefit and no change to the benefits payable to the surviving beneficiaries upon your death.

Other: Please contact our office for an alternative method of payment, if needed.

Options 5A* & 5B

These options provide a reduced monthly allowance for your lifetime. You may only list your spouse or a dependent child as sole primary beneficiary. If your primary beneficiary predeceases you, you will pop-up to the Maximum Plan. Following the death of your spouse primary beneficiary and after one year of remarriage or the birth of a child of that marriage you may re-elect the option with your new spouse as your sole, primary beneficiary. One year after the death of your dependent child primary beneficiary, you may re-elect the option with your spouse as your sole, primary beneficiary, providing you have been married to your spouse for at least a year.

Option 5A*: 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 5B: 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.

***IRS note:** To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Options 2, 5A, or 4 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 the maximum permissible amount which can be allocated to the non-spouse beneficiary. The maximum permissible amount will be available under Option 4 Max Beneficiary Amount.

Note: Under options 2, 3, or 4, if your sole, primary beneficiary is your spouse or a dependent child and they predecease you, you may elect to begin receiving an actuarially reduced benefit with your new spouse or current spouse, respectively, after one year of remarriage. Only Option 5A or 5B allows you to pop-up to the Maximum Plan.

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 beneficiary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

One-Time Partial Lump-Sum Optional Payment (PLOP) Form: Page 21

What is a PLOP?

In addition to your retirement option, you may choose to receive a one-time lump sum payment; however, if you choose a PLOP, it will permanently reduce your lifetime retirement benefit and, if applicable, that of your beneficiary(ies). Your age and your selected lump sum amount will determine how much your retirement allowance will be reduced. You may choose an amount (in increments of \$1,000) between 1 month and 36 months of your normal retirement allowance calculated under the Maximum Plan. Review our website at ers.ga.gov or our PLOP brochure for more information. If you are eligible for and elect to receive a PLOP, please refer to the Special Tax Notice regarding Lump Sum Distributions explaining IRS laws.

Who is eligible?

- Only service, law enforcement, or involuntary separation retirees may receive a PLOP.
- Service retirees who choose Early Retirement cannot receive a PLOP. Early Retirement is under age 60 with between 25 years and 29 years and 11 months of creditable service.

Will I have to pay taxes on my PLOP?

A PLOP consists of two types of funds: Taxable and Non-Taxable

- The Taxable portion is paid from money not contributed by you. Because no taxes have been paid on that money, the income is taxable (Federal and Georgia income taxes) when paid to you.
- The Non-Taxable portion is the money you contributed, for which you have already paid taxes; therefore the income is not taxable when paid to you.

A mandatory 20% federal tax will be withheld from the taxable portion of the payment. An additional 10% early withdrawal penalty may be due if you are under age 55. (A qualified public safety employee, as defined by the IRS, who separates from service after age 50 is exempt from the 10% early withdrawal penalty.) ERSGA will deduct this additional 10% automatically unless you check the appropriate box on page 21.

Can I roll over my PLOP?

To avoid the immediate tax withholding and potential penalty, you may roll over all or a portion of your PLOP to the Peach State Reserves 401(k) or to an IRA, other eligible employer plan, or another qualified retirement plan.

- If you would like to rollover your PLOP to the Peach State Reserves (PSR) 401(k) Plan, you must complete a PSR Rollover Contribution form. Contact GaBreeze for more information:
GaBreeze.ga.gov
877.342.7339
- If you would like to rollover your PLOP to an IRA, other eligible employer plan, or another qualified retirement plan, you must check with your receiving plan administrator to verify the plan will accept rollovers from a 401(a) retirement plan.

ERSGA encourages you to seek advice from a tax professional or financial planner, as well as your financial plan administrator before making your decision. Before choosing a PLOP, request an estimate showing the reduced benefit after the PLOP.

Escalating Benefit Option Form: Page 22

What is an Escalating Benefit?

You may choose to receive a reduced benefit at retirement, with a guaranteed 2% increase on the anniversary of your retirement every year during your lifetime; however, it can only be elected for the Maximum Plan, Option 2, Option 3, Option 4 Period Certain: 5 years, 10 years, 15 years or 20 years, Option 4 Max Amount to Beneficiary, Option 5A, or Option 5B. If you elect the escalating benefit for an option that provides a monthly benefit to your beneficiary(ies) after your death, this guaranteed increase would continue for the lifetime of your beneficiary(ies) also.

Note: An escalating benefit option is further reduced from an option without escalating benefit. An estimate can be requested from ERSGA for the escalating benefit options, or you can visit our website at ers.ga.gov, log in to your secure online account, and generate a Benefit Estimate for the escalating benefit options.

Who is eligible?

- Service, law enforcement, or involuntary separation retirees may elect an escalating benefit.
- Disability retirees may also elect an escalating benefit.

Can a PLOP be elected in addition to the Escalating Benefit Option?

A PLOP may also be elected in addition to the escalating benefit option, but only for those eligible for a PLOP.

Escalating Benefit Example:

If an escalating benefit is elected, the retirement benefit will be increased on each anniversary of the retirement date. For example, if an ERS member retires on January 1st and elects an option with an escalating benefit, then in January of the next year the retirement benefit will increase by 2%. In January of the following year, the retirement benefit will increase by another 2%. These increases will continue each year on the anniversary of the retirement date, for the lifetime of the retiree and, if applicable, the beneficiary(ies) lifetime (for options which provide a monthly benefit to a beneficiary(ies) after retiree's death.)

Naming Your Retirement Allowance Beneficiaries Form: Page 23

- You may name one or more primary and secondary beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet. Verify all birth dates. Correct birth dates are essential in calculating benefits.
- 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.

Maximum, Option 1, Option 4 Period Certain, and Option 4 Accelerated

- 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 to designate multiple primary beneficiaries, benefits will be distributed equally to each of your surviving beneficiaries unless otherwise designated.
- If you choose your Estate, a Trust, or an Institution, you do not need a secondary beneficiary.

Options 2*, 3, & 4*

- 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. Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased. Secondary beneficiaries are not eligible for a monthly benefit.
- You may change your primary beneficiary only if:
 - Your spouse is the sole, primary beneficiary and you get a divorce. This allows a change to the Maximum.
 - After one year of re-marriage or the birth of a child from that remarriage, you may choose the original option naming your new spouse as beneficiary, resulting in a permanent, actuarial reduction to your allowance.
 - Your spouse is the sole, primary beneficiary and predeceases you. After one year of re-marriage or birth of a child from that remarriage, you may re-elect the optional allowance naming the new spouse as beneficiary, resulting in a permanent, actuarial reduction to your allowance.

Options 5A* & 5B

- You may only name your spouse or dependent child as sole primary beneficiary. If your primary beneficiary dies before you, your benefit will change to the Maximum.
- If your sole primary is your spouse and divorce occurs, you may change to the Maximum by making such election in writing. After one year of re-marriage or the birth of a child you may choose the original option naming the new spouse as beneficiary. Benefits will be actuarially reduced.
- If your dependent child beneficiary predeceases you, your benefit will change to the Maximum. Beginning one year after the death of the child you may name your current spouse as your sole primary beneficiary under the same option. Benefits will be actuarially reduced.

*To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Options 2, 5A, or 4 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 the maximum permissible amount which can be allocated to the non-spouse beneficiary.

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).

Group Term Life Insurance (GTLI) Beneficiaries Form: Page 24

- 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%**.
- A will does not take precedence over this designation. Benefits are not assignable by wills.
- 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 under the GSEPS Plan (Tier 3)
- Members that terminate employment and vest their retirement, to retire at a later date, with less than 18 years of creditable service (excluding forfeited leave).
- Members that terminate employment and vest their retirement with at least 18 years of creditable service (excluding forfeited leave), and a written request to discontinue GTLI coverage was received by ERSGA.

Direct Deposit Information: Page 25

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 page 25. Starter checks will not be accepted.
 - **Savings:** Attach a savings deposit slip or authorization letter to the form page 25. For some banks, the routing number is different than what is printed on the deposit slip. Enter your routing number in the space provided.

Note: Your name must be on the direct deposit account, whether an individual or joint account.

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.

O.C.G.A. § 50-36-1(f) Affidavit Form: Page 26

ERSGA 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(f)

O.C.G.A. § 50-36-1(f) requires that all applicants for a public benefit complete signed and sworn affidavits, and provide at least one secure and verifiable document. 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/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)]

Income Tax Withholding Form: Pages 29 – 32

- 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 by 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:
 - Check one box indicating your filing status in Section 2
 - Enter the number of allowances in Section 3
 - You may specify an additional dollar amount to be withheld on Section 4
- The amount of taxes based on your filing status and allowances plus the additional amount you list will be withheld from your retirement benefit

Federal Withholding

- If you **do not** wish to have federal taxes withheld, write “No Withholding” in the space underbox 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.

Section III

Forms and Acknowledgements

The following pages contain the necessary forms and acknowledgements to process your retirement application. All pages in this section must be completed and returned to ERSGA.

Instructions for these forms can be found in the previous section.



ERS Service Retirement Application

Section 1: Your Information

Name: _____

Date of Birth: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

State Employer (Department/Agency/School System):

Position Title: _____

Effective Retirement Date:

1st day of: Month _____ Year _____

Marital Status:

Unmarried Married Divorced Widowed

Spouse's Name (if married): _____

Type of Retirement (see instructions on page 8): Service Law Enforcement

Monthly Retirement Allowance Options



Choose **only one** monthly retirement allowance option. If you make a mistake, write your initial 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: At my death, any balance of my contributions and interest will be paid to my named beneficiary.

Option 2: 100% Joint & Survivor: At my death, my named, living beneficiary will receive the same amount I received as a monthly benefit.

Option 3: 50% Joint & Survivor: At my death, my named, living beneficiary will receive half of the amount I received as a monthly benefit.

Option 4: A highly individualized method of payment.

Specialized Specified: I am an **Old Plan** member with **34** years of service and if eligible, I want to receive 90% of my high salary with the remainder converted to a monthly benefit to my named living beneficiary designated at retirement as listed on my estimate. I understand that if my benefit does not exceed 90% my application will be processed under the Maximum Plan.

Flat Amount to Beneficiary: I want my named primary beneficiary to receive \$ _____ per month after my death.

Period Certain: I want to guarantee my benefit for (check one)

5 years 10 years 15 years 20 years.

Accelerated: I want an accelerated benefit of 135% for the first five continuous years and an actuarially reduced benefit thereafter. There is no beneficiary benefit under this option.

Max Amount To Beneficiary: I have listed a non-spouse beneficiary more than 10 years younger than me and want the highest possible benefit to my beneficiary, if Option 2 100% Joint & Survivor is unavailable. If Option 2 is available, ERSGA will process my application under Option 2.

Other: I want to elect an alternative method of payment. I will contact the ERS office to discuss further.

Option 5A: 100% Joint & Survivor Pop-up: At my death, my beneficiary (my spouse or dependent child) 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 5B: 50% Joint & Survivor Pop-up: At my death, my beneficiary (my spouse or dependent child) 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.

Important: You must also complete the election section on the one-time Partial Lump-Sum Optional Payment (PLOP) on page 21.

Initial _____ Last 4 digits of SSN _____ Date _____

One-Time Partial Lump-Sum Optional Payment (PLOP)



You must also select a monthly retirement allowance option on page 20.

Election (Required):

Important: If no election is made, the first selection will be assumed.

No PLOP: I do not elect to receive a Partial Lump-sum Optional Payment or I am under age 60 with less than 30 years of creditable service and not eligible to receive a Partial Lump-sum Optional Payment.

PLOP: I elect a Partial Lump-sum Optional Payment in the total amount of \$ _____ (increments of \$1,000.00). This total amount will be distributed as specified below.

Direct Payment: I want the entire amount elected above less federal taxes (and Georgia state taxes unless designated below) sent directly to me. Complete the Withholdings section below.

Partial Direct Rollover: I want a partial direct rollover of the taxable portion. Roll over \$ _____ to the Trustee listed below. The remainder of the total PLOP amount minus the rollover amount listed here will be paid directly to me. This amount includes the non-taxable portion and any taxable portion less federal taxes (and Georgia state taxes unless designated below) exceeding the rollover amount. Complete the Rollover and Withholdings sections below.

100% Direct Rollover: I want a 100% direct rollover of the taxable portion only to the Trustee indicated below, and I have confirmed that my plan administrator accepts direct rollovers from Section 401(a) retirement plans. The non-taxable amount will be paid directly to me at the address indicated on page 5 of this application. Complete the Rollover section below.

Rollover: Complete if Partial Direct Rollover or 100% Direct Rollover distribution elected.

Peach State Reserves 401(k) Plan Traditional IRA Other 401(k) Other: _____
Financial Institution or Plan Trustee _____
Account Number _____ Phone Number _____
Mailing Address _____
City _____ State _____ Zip Code _____

Withholdings (check all that apply): Complete if Direct Payment or Partial Direct Rollover distribution elected.

In addition to the 20% mandatory federal income tax withholding, I elect an additional \$ _____ in federal tax withheld from the taxable portion sent directly to me.

I am under age 55 and **do not** wish the additional 10% to be withheld.

I am over age 50 and a qualified public safety employee (as defined by the IRS) and exempt from the additional 10% penalty.

Do not withhold 6% Georgia state tax from the taxable portion sent to me. If you do not check this box, the 6% Georgia state tax will be withheld.

Initial _____ Last 4 digits of SSN _____ Date _____

Escalating Benefit Option



You may elect to take a further reduced benefit in order to receive a guaranteed annual increase of 2% to your gross monthly benefit. You are eligible to elect the Escalating Benefit Option only if you elected one of the following options on page 20:

- Maximum Plan
- Option 2
- Option 3
- Option 4 Period Certain – 5 Years
- Option 4 Period Certain – 10 Years
- Option 4 Period Certain – 15 Years
- Option 4 Period Certain – 20 Years
- Option 4 Max Amount to Beneficiary
- Option 5A
- Option 5B

If you elected one of the above options and want to elect the Escalating Benefit, your monthly benefit will be further reduced; however, you will receive a guaranteed 2% increase to your monthly benefit on the anniversary of your retirement each year for your lifetime. If you elected an optional form with monthly payments to your beneficiary after your death, payments to your beneficiary will also increase by 2% each year.

Choose one of the following:

I elected one of the above retirement options on page 20, and choose the Escalating Annuity Benefit with guaranteed 2% annual increase.

I do not want the Escalating Annuity Benefit with guaranteed 2% annual increase.

Initial _____ Last 4 digits in your SSN _____ Date _____

Primary Beneficiary(ies) for Retirement Benefits



- **Maximum, Option 1, Option 4 Period Certain & Accelerated:** Any person, estate or organization may be listed.
- **Option 2, 3, 4 Specialized Specified, 4 Specified, or 4 Max Beneficiary Amount:** Any living person may be listed.
- **Option 5A or Option 5B:** Only a spouse or a dependent child may be listed.
- If multiple beneficiaries are listed for monthly survivor benefit, benefits will be equally distributed.

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 I designated above is deceased at my death, I 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: _____

Initial _____ Last four digits in SSN _____ Date _____



Primary Beneficiary(ies) for GTLI Benefits

Any person, estate, or organization may be listed.

Important: If your membership start date is on or after January 1, 2009, the section below is not applicable to you.

As Primary Beneficiary for any GTLI 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 GTLI Benefits

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

If the Primary Beneficiary I designated above is deceased at my death, I 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: _____

Initial _____ Last four digits in SSN _____ Date _____



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

Initial _____

Last 4 digits of SSN _____

Date _____



O.C.G.A. § 50-36-1(f) Affidavit

Attach a clear, legible copy of the secure and verifiable document or photo ID

By executing this affidavit under oath, as an applicant for a monthly retirement benefit, as referenced in O.C.G.A. § 50-36-1, 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 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(f), with this affidavit. The secure and verifiable document provided to ERSGA 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: _____

Applicant Signature (handwritten): _____

Applicant Name (printed): _____

Subscribed and sworn before me on this, the
_____ day of _____ 20 ____

Notary Public Signature: _____

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, 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 19. I also understand that my retirement application will be void.

In addition, if I am retiring under Early Retirement provisions (prior to reaching Normal Retirement Age, age 60 or age 55 for Law Enforcement) I cannot return to work for a State employer, including work as or for an independent contractor, for two months after my retirement date. I have no agreement to return to State employment after retirement.

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 through my secure online account or downloading a copy of the Direct Deposit form from the website and submitting the completed form.
- No monthly payment stubs are issued. Payment history can be viewed by Accessing your Account on our website 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 § 47-2-110 states that if a retired member accepts employment with or renders services to any employer covered by ERS, 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 an ERS employer, you must inform your employer you are an ERS retiree. Both you and the ERS employer are required to notify ERS 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 have reviewed the checklist on page 34 and completed all applicable items. I further understand that once ERSGA mails my initial benefit payment on the last business day of the payroll month, this application cannot be canceled and the option I chose at retirement can only be changed under very specific, life-changing circumstances as specified in this application. If electing to receive a PLOP, 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.

Applicant's Signature (handwritten): _____

Last Four Digits of SSN: _____ Date: _____

GSRA Election

The Georgia State Retirees Association (GSRA) is an advocacy organization created by retired state employees for the benefit of state retirees. GSRA promotes the protection and improvement of retirement and health benefits for retirees. You can make GSRA a more effective advocate for you by becoming a member.

Learn more about GSRA on the website: mygsra.com

I give ERSGA permission to share my contact information with GSRA. Yes No

Initial _____

Last 4 digits of SSN _____

Date _____

Georgia State Income Tax Withholding

1. I do not want Georgia state tax withheld from my benefit payment. (Do not complete lines 2, 3, or 4).
2. I want to withhold taxes based on tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)

Filing Status (choose one):

Single

Head of Household

Married Filing Separately

Married Filing Jointly:

One Spouse Working

Both Spouses Working

3. Exemptions: I claim _____ total allowances.
4. In addition to the taxes withheld based on the filing status and exemptions select above, I want \$ _____ (specific dollar amount) withheld.

Initial _____ Last 4 digits of SSN _____ Date _____



OMB No. 1545-0074

2025

Form **W-4P**

**Withholding Certificate
for Periodic Pension or Annuity Payments**

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

Department of the Treasury
Internal Revenue Service

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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)	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 the 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 pension/annuity, 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 unless otherwise noted.

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 1(a), 1(b), 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 choose 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. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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

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

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

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

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

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

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex 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 Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they 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). They 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

Specific Instructions (continued)

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 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 2025 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 2025, 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 2025 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 border="0" 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"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 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"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 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"> • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 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.

Section IV

Retirement Application Checklist

Please make sure all items in the checklist on the following page have been completed. The checklist is for your records, and does not need to be returned to ERSGA.

Incomplete applications will delay processing.

Retirement Application Checklist

This list is for your records. Make sure you complete all items on this list. Do not return to ERSGA.

- I have initialed, written the last four numbers of my Social Security number, and dated pages 20, 21, 22, 23, 24, 25, 28, and 29.
- I have elected a monthly retirement allowance option on page 20 and completed the election section for the one-time partial lump-sum optional payment on page 21, and completed the election section for the escalating benefit option on page 22.
- I have designated my beneficiaries for retirement benefits on page 23.
- I have designated my beneficiaries for GTLI benefits (if applicable) on page 24.
- I have completed my direct deposit information on page 25 and included a voided check in the space provided.
- I have completed page 26 with notarization and included a copy of at least one secure and verifiable document. Do not send your original ID to ERSGA.
- I have signed, written the last four numbers of my Social Security number and dated page 27.
- I have made my GSRA election on page 28.
- I have completed my election of Georgia state withholdings on page 29.
- I have completed my election of federal withholdings on page 30.