

Georgia Defined Contribution Plan Retirement Application

GENERAL INSTRUCTIONS

- This Periodic Retirement Allowance Application may be used only for Georgia Defined Contribution Plan (GDCP).
- Please type or print, using black ink.
- Read all instructions carefully.
- Remember you will need to initial the third page, as well as sign page 2.
- Make a copy of the application and any attachments for your records.
- Return completed application directly to Employees' Retirement System of Georgia (ERSGA.)

Omitted or incomplete information will delay processing.

PRIVACY NOTE

All social security numbers are requested by ERSGA in accordance with the requirements of IRS Code 3405. Disclosure is mandatory and this application will not be processed without this information.

EFFECTIVE RETIREMENT DATES

All retirement dates are effective on the first day of July, and the periodic payment is mailed from this office or distributed from our retirement accounts on the last work day of each July until the account balance is paid in full or until your death, whichever comes first.

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 annual payroll. This application is not considered filed until it is received by ERSGA.

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.
- Check one box indicating your filing status, fill in the number of exemptions and choose from all of the three alternatives that apply. NOTE: Third choice will be in addition to taxes according to tables.
- You must complete both parts if you want both federal and Georgia state taxes deducted.
- 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.
- If no withholding is chosen, you may be required to pay estimated taxes and incur a penalty for failure to do so.
- Copies of our federal and state of Georgia tax withholding forms may be downloaded from our website: www.ers.ga.gov .

The Board of Trustees and GDCP 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.



EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA

APPLICATION FOR RETIREMENT - Georgia Defined Contribution Plan

Please complete the section below:

Name: _____
(Last) (First) (MI) (Maiden)

Date of Birth: ____/____/____ Social Security No.: --
(mm) (dd) (yyyy)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip Code)

Home Phone No: (_____) _____ Work Phone No: (_____) _____

Marital Status (Check One): Single Married
 Widowed Divorced

Current Employer (Department): _____

Effective Date of Retirement: First Day of July, 20____

Acknowledgement of Member:

I have read the retirement application (including instructions) and I understand that I am making an irrevocable application for retirement by periodic payment. I further understand that I will receive a set fraction of my account balance paid once each year until the balance is paid in full or until my death, whichever comes first, and that I will have no access to the funds in my account other than this periodic payment. In the event my death occurs before the account balance has been paid in full, the remaining account balance will be payable in a lump sum to the primary beneficiary(ies) named on page 3 of this application. The secondary beneficiary(ies) will receive the this lump sum only in the event that my primary beneficiary(ies) is no longer living at my death.

Signature

Date

PRIMARY BENEFICIARY(IES) FOR REFUND

NAME: _____

Mailing Address: _____

Date of Birth: _____ Relationship: _____

NAME: _____

Mailing Address: _____

Date of Birth: _____ Relationship: _____

SECONDARY BENEFICIARY(IES) FOR REFUND

NAME: _____

Mailing Address: _____

Date of Birth: _____ Relationship: _____

NAME: _____

Mailing Address: _____

Date of Birth: _____ Relationship: _____

FEDERAL WITHHOLDING: This is a substitute for IRS Form W-4P

Filing Status: Single Married Married but Withhold at Higher Single Rate

Exemptions: I claim _____ total dependents/exemptions/allowances.

I do not want any federal tax withheld from my benefit check.

I want to withhold taxes based on IRS tax tables using the filing status and the number of exemptions I listed above.

I want an additional specific dollar amount withheld: \$ _____.

GEORGIA STATE WITHHOLDING: This is a substitute for Form G-4P

Filing Status (Choose only one status):

Single Head of Household Married Filing Separate

Married filing jointly – one income Married filing jointly – both spouses working

Exemptions: I claim _____ total dependents/exemptions/allowances.

I do not want any State of Georgia tax withheld from my benefit check.

I want to withhold taxes based on Georgia Department of Revenue tax tables using the filing status and the number of exemptions I listed above.

I want an additional specific dollar amount withheld: \$ _____.

Please Initial _____

Date _____