



**Georgia Military Pension Fund  
Application for Retirement Allowance**

**INCOME TAX WITHHOLDING AND DIRECT DEPOSIT FORM**

**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):

- 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: \$ \_\_\_\_\_.

**Direct Deposit Information**

Please check the appropriate box and follow the directions on page 3 of this application.

- CHECKING  SAVINGS – Please provide the following information:

*A voided pre-printed check must be attached. Starter checks will not be accepted.* Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
9-digit Routing Number \_\_\_\_\_

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 direct deposits or mails my initial benefit check on the last business day of the payroll month, this application cannot be cancelled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.
- Check one box indicating your filing status, fill in the number of exemptions and choose 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.
- You may change your withholdings online by Accessing your Account at [www.ers.ga.gov](http://www.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.

## Direct Deposit Instructions

### Direct Deposit of Net Monthly Benefit is MANDATORY.

- Check the box indicating whether the account is a Checking Account or a Savings Account.
- To deposit your benefit into a *checking* account, a pre-printed check (with the word VOID printed on it) from the account to which your deposit is to be made must be attached to this application. Starter checks will not be accepted.
- To deposit your benefit into a savings account, the financial institution, the account number, and 9- digit routing number must be written in the spaces provided on page 2.
- Direct deposit takes effect with your first payment.

**NOTE:** 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 accessing your account at [www.ers.ga.gov](http://www.ers.ga.gov). Alternatively, you can download a copy of the Direct Deposit form from our website or request a copy from our office.



**O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT**

**Georgia Military Pension Fund  
Application for Retirement Allowance**

*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. This page contains the affidavit that must be signed and notarized; the next page provides additional information regarding acceptable forms of secure and verifiable documents.*

By executing this affidavit under oath, as an applicant for a monthly benefit allowance, as referenced in O.C.G.A. § 50-36-1, from the Georgia Military Pension Fund, 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 provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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

\_\_\_\_\_.

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

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

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

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

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

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

## O.C.G.A. § 50-36-1(e)(2) Affidavit Instructions

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.

GMPF 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.

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

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

- A United States passport or passport card
- A United States military identification card
- 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 State 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
- 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
- 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>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- 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.