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Georgia Military Pension Fund Service Retirement Application

Members of the Georgia National Guard who retired after July 1, 2002 and meet the following criteria: A member must complete 10 consecutive years as a member of the Georgia National Guard immediately before discharge. Member must be at least 60 years of age and have completed 20 years or more of creditable service, of which at least 15 were served as a member of the Georgia National Guard. Members must be honorably discharged from the Georgia National Guard.

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.

Section I

General Application Instructions

General Instructions

Complete all information.

Your effective date of retirement will be the first day of the month in which the application is received by ERSGA, but not earlier than the first day of the month following the month of your discharge from the Georgia National Guard.

Applications for retirement shall not be accepted more than 90 days in advance of the date of discharge or age 60.

By signing the GMPF Service Retirement Application form, you acknowledge:

- 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 by logging into my account or downloading a copy of the Direct Deposit form from the website and submitting the completed form.
- No monthly check stubs are issued. Payment history can be viewed by logging into my account at ers.ga.gov.
- The first monthly retirement allowance is paid on either the last working day of the month in which my retirement effective date occurs or the next available payroll 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.

Omitted or incomplete information will delay processing (see the check list on page X). ERSGA must receive pages with original initials and signatures.

Privacy Note

IRS regulations require ERSGA 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.

After Retirement

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 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 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

Service Retirement Application Form – page 10

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.

Phone Number

Please print or type your best daytime contact number.

Marital Status

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

Effective Date of Retirement Benefit

Your effective date of retirement will be the first day of the month in which the application is received by ERSGA, but not earlier than the first day of the month following the effective month of your discharge from the Georgia National Guard. Applications for retirement shall not be accepted more than 90 days in advance of the date of discharge or age 60.

Acknowledgement

I have read the retirement application (including instructions) and I understand the retirement option and method of payment outlined in this application. I have reviewed the checklist on page 18 and completed all applicable items. 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 canceled.

- Section 1: Complete all information.
- Section 2: Original (Handwritten) Signature and date to acknowledge:
 - Understanding of conditions above, and
 - o You have attached a clear, legible copy of a valid photo ID.

Direct Deposit Instructions – page 11

- 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.

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.

O.C.G.A. § 50-36-1(e)(2) Affidavit Form - Page 12

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.

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/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 Instructions - pages 13-16

- 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 Accessing 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.

Section III

Forms and Acknowledgements





10

GMPF Application for Retirement Allowance

Section 1: Your Information	
First Name Middle Initial Last Name Date of Birth SSN	Street Address City State Zip Phone Email
Service Branch: Army Air	
Retirement effective first day of	, 20
Gender: Male Female	
Marital Status: Married Single	Divorced Widowed
Section 2: Signature	
I acknowledge:	
I have read and understand the conditions on	
I have attached a clear, legible copy of my sec	cure, verifiable document
Signature	 Date

Complete, sign, and mail or upload this **original form** to ERSGA, along with a copy of a **valid photo identification** and any other required documentation. Do not email or fax.





Direct Deposit Information

Bank In	Bank Information	
Name of	Financial Instit	ution
Che	cking	Savings
Savings F	Routing Numbe	r
Attach yo	ur voided checl	k or savings deposit slip below. Do not staple.
For writte	n requests by y	our financial institution, place letter behind this form in your retirement application.
		Attach
		Voided Check
		or
		Savings Deposit Slip
Plea	ase Initial	Last 4 digits of SSN Date

B2-GMPF 02/2024 11

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 Employees' Retirement System of Georgia, 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 Un	ited States.	
3.	I am a qualified alien or non-immigrant un an alien number issued by the Departmer agency.	_	•
	My alien number issued by the Depar immigration agency is:	· · · · · · · · · · · · · · · · · · ·	er federal
of at least of Documents I	gned applicant also hereby verifies that he or sine secure and verifiable document or photo ist, as required by O.C.G.A. § 50-36-1(e)(1), verified with this affidavit can best be classified.	id as referenced in the Residency Affic with this affidavit. The secure and verifi	davit Acceptable
	(Attach a copy of the secure and v	erifiable document or photo ID)	
a false, fictiti	e above representation under oath, I understations, or fraudulent statement or representation 16-10-20, and face criminal penalties as allow	n in an affidavit shall be guilty of a viol	
Executed in	n: (C	City) (State)	
	Signature of Applicant		
	Printed Name of Applicant		
Last four di	gits of SSN		
Notary Pu	ublic	Subscribed and sworn before me on this, the	
•	ission expires:	day of	. 20

NOTE: The notarized Residency Affidavit 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.

E6-GMPF 02/2024 12

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.	

GMPF 02/2024 13

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



Form **W-4P**

Department of the Treasury Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

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

OMB No. 1545-0074

2024

Step 1:	(a) First name and middle initial	Last name	(b) Social security number		
Enter					
	Address				
Personal					
Information	City or town, state, and ZIP code				
	(c) Single or Married filing separately				
	Married filing jointly or Qualifying surviving	enouse			
		rried and pay more than half the costs of keeping up a home for yo	urself and a qualifying individual.)		
	_				
-		se, skip to Step 5. See pages 2 and 3 for more info v to elect to have no federal income tax withheld (if	•		
Step 2:	Complete this step if you (1) have income	e from a job or more than one pension/annuity, or (2) are married filing		
Income		from a job or a pension/annuity. See page 2 for ex			
From a Job	complete Step 2.				
and/or	Do only one of the following.				
Multiple					
Pensions/	your spouse have self-employment in		, ,		
Annuities	(b) Complete the items below.				
(Including a	• • •	one or more jobs, then enter the total taxable annu	al nav		
Spouse's		entered on Form W-4, Step 4(a), for the jobs les			
Job/		Step 4(b), for the jobs. Otherwise, enter "-0-".	\$		
Pension/		any other pensions/annuities that pay less annually	<u> </u>		
Annuity)	this one, then enter the total and	nual taxable payments from all lower-paying pen	sions/		
	annuities. Otherwise, enter "-0-"		\$		
	(iii) Add the amounts from items (i) an	d (ii) and enter the total here	\$		
		W-4P for all other pensions/annuities if you haven'	t undated your		
		ension/annuity that pays less than the other(s). Sub			
Complete Ste	ne 3-4(h) on this form only if (h)(i) is blank as	nd this pension/annuity pays the most annually. Other	herwise do not complete		
Steps 3–4(b) o		the this perision annuity pays the most annually. Of	nerwise, do not complete		
Step 3:		ess (\$400,000 or less if married filing jointly):			
Claim	•				
Dependent	Multiply the number of qualifying child	dren under age 17 by \$2,000 \$			
and Other	Multiply the number of other depende	ents by \$500 <u>\$</u>	-		
Credits	Add other credits, such as foreign tax cre	edit and education tax credits \$			
		other dependents, and other credits and enter the			
Ctor 4			3 \$		
Step 4		nsion/annuity payments). If you want tax withheld			
(optional): Other	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) \$		
Adjustments	(h) Deductions If you expect to claim d	eductions other than the basic standard deduction			
_		g, use the Deductions Worksheet on page 3 and			
	enter the result here		4(b) \$		
	(c) Extra withholding. Enter any addition	nal tax you want withheld from each payment .	4(c) \$		
Step 5:					
Sign					
Here	Your signature (This form is not valid unle	ess you sign it.)	te		

Form W-4P (2024)

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).

Page 2

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)(ii), \$20,000 in Step 2(b)(iii), 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

Form W-4P (2024)

14

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.

Page 3

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.) 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 \$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 \$ If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$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. 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 Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P

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 s e 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

I have completed, signed, and dated the form on page 10. I have initialed, written the last four numbers of my Social Security number, and dated pages 11 and 13
I have completed my direct deposit information on page 11 and included a voided check in the space provided. 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. I have completed page 12 with notarization and included at least one secure and verifiable document. I have completed my election of Georgia state withholdings on page 13. I have completed my election of federal withholdings on page 14
 I have included a copy of my complete Retirement Service History Points Statement, Local Retirement Eligibility for Retired Pay at Age 60 (20 year letter), and NGB Form 22.

Complete all forms and acknowledgements.

Make sure all information is correct.

Provide a clear, legible copy of your secure and verifiable document.

Submit your completed application to:

ERSGA Two Northside 75 NW, Ste. 300 Atlanta, GA 30318