

APPLICATION FOR DISABILITY RETIREMENT
(A.R.S. Section 38-806)

NAME: _____ DATE: _____

EMPLOYER: _____ POSITION: _____

SERVICE DATES: FROM _____ THROUGH _____

CURRENT ANNUAL SALARY RECEIVED: \$ _____

NAME OF MY DESIGNATED PHYSICIAN: _____

ADDRESS OF MY DESIGNATED PHYSICIAN: _____

TO: Board of Trustees

I hereby submit my application for a disability pension, subject to all the terms of the Arizona Elected Officials' Retirement Plan.

DATE OF DISABILITY: _____

NATURE AND CAUSE OF DISABILITY: _____

List of all doctors who attended or examined me during my disability and three years prior thereto:

<u>#1</u>	<u>#2</u>	<u>#3</u>
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Date: / /	Date: / /	Date: / /
Illness: _____	Illness: _____	Illness: _____

List of all hospitals or clinics where I have been treated or examined during my disability and three years prior thereto:

<u>#1</u>	<u>#2</u>	<u>#3</u>
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Date: / /	Date: / /	Date: / /
Illness: _____	Illness: _____	Illness: _____

(NOTE: Please complete 2nd page)

WAIVER OF CONFIDENTIALITY

The undersigned hereby consents, upon the advice of counsel, that all matters and issues relating to my physical or mental condition or medical history, including, without limitation, whether my physical or mental condition arises from any preexisting disability, may be discussed and considered by the board of trustees and/or Local Board in open public meeting, and I hereby waive any right to have my physical or mental condition or medical history discussed and evaluated by the board of trustees and/or Local Board in executive session only. As part of the aforesaid waiver, I further consent that the board of trustees and/or Local Board may discuss and consider all evidence touching upon my physical or mental condition or medical history in open public session, including without limitation, testimony or records concerning my physical or mental condition or medical history from physicians or other expert witnesses, the social security administration, the state industrial commission, or other sources or persons of any kind or description. I understand that neither the board of trustees nor the Local Board has any obligation to keep confidential any information about my physical or mental condition or medical history that is discussed, presented or considered during any public session of the board of trustees or Local Board, and I absolve the board of trustees and Local Board from any liability arising from disclosure of such information during public session.

By: _____
(Printed Name)

By: _____
(Member's Signature)

EMPLOYMENT CERTIFICATION

Date Application Received by board of trustees: ____/____/____

Member's Last Day on Employer Payroll: ____/____/____

By: _____
Signature

Title

TO BE COMPLETED BY board of trustees:

Based upon the medical evidence attached and pursuant to the Elected Officials' Retirement Plan statutes, the member named herein

Qualifies for a disability pension pursuant to A.R.S. Section 38-806.

Does not qualify for a disability pension.

DATE: ____/____/____

By: _____

BOARD OF TRUSTEES

APPLICATION FOR A DEATH BENEFIT

TO: BOARD OF TRUSTEES - ELECTED OFFICIALS' RETIREMENT PLAN DATE: _____

I hereby submit my application for a death benefit under the terms of the Arizona Elected Officials' Retirement Plan.

NAME OF DECEASED MEMBER: _____ DATE OF DEATH: _____

APPLICANT'S NAME: _____

RELATIONSHIP TO DECEASED: Designated Beneficiary Personal Representative of Decedent's Estate

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE NUMBER: (____) ____-____ WORK PHONE NUMBER: (____) ____-____

EMAIL: _____ CELL PHONE NUMBER: (____) ____-____

- Enclose:**
- Copy of Death Certificate
 - Copy of Applicant's Driver's License
 - Certified Personal Representative Letter (if applicable)
 - Federal and State Withholding Forms
 - Copy of Applicant's Social Security Card
 - Form U3, Lump Sum Distribution (if applicable)
 - Special Tax Notice Copy to Applicant (if applicable)

In order to process your application in the current month, this completed application needs to be submitted to the board of trustee's office by the tenth day of the month.

The information contained in this application is true, correct and complete to the best of my knowledge and belief.

Witness Signature

Signature of Designated Beneficiary or Personal Representative

APPLICATION FOR A SURVIVOR'S BENEFIT

TO: BOARD OF TRUSTEES - ELECTED OFFICIALS' RETIREMENT PLAN DATE: _____

I hereby submit my application for a survivor's benefit under the terms of the Arizona Elected Officials' Retirement Plan.

NAME OF DECEASED MEMBER: _____ DATE OF DEATH: _____

RELATIONSHIP TO DECEASED: Surviving Spouse Guardian of Decedent's Dependent Children

SURVIVING SPOUSE:

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DATE OF MARRIAGE: _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

E-MAIL: _____ CELL PHONE NUMBER: _____

GUARDIAN:

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DATE OF MARRIAGE: _____

MAILING ADDRESS: _____

HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____

E-MAIL: _____ CELL PHONE NUMBER: _____

SURVIVING CHILDREN OF DECEASED:

NAME	DATE OF BIRTH	DISABLED (Y/N)

- Enclose:** Copy of Death Certificate
 Copy of Birth Certificate (for spouse, dependent children, and guardian)
 Copy of Marriage Certificate (if applicable)
 Proof of Legal Guardianship (if applicable)
 Medical Documentation for Disabled Children (if applicable)
 Proof of Fulltime School Enrollment (if applicable)
 Copy of Social Security Card

In order to process your application in the current month, this completed application needs to be submitted to the board of trustee's office by the tenth day of the month.

The information contained in this application is true, correct and complete to the best of my knowledge and belief.

Witness Signature

Signature of Spouse or Guardian

NOTIFICATION OF BENEFITS AND ELECTION

MEMBER'S NAME: _____

PAYABLE TO: _____ DATE FIRST PAYMENT DUE: _____
(Name of Member or Survivor)

SERVICE: FROM _____ TO _____

YEARS OF CREDITED SERVICE: _____

TYPE OF BENEFIT: NORMAL RETIREMENT EARLY RETIREMENT DISABILITY SURVIVOR / GUARDIAN PENSION

I. Benefits under Arizona Elected Officials' Retirement Plan:

Law 1985 Amendment _____

A. Monthly pension payable to Member (A.R.S. Section 38-805 and 38-808). \$ _____

B. Monthly pension payable to survivor. (If applicant is the member, the spouse's benefit shown here will be payable upon death of the retired member if all requirements of A.R.S. Section 38-807 are met). \$ _____

II. Benefits from prior system:

The applicant may elect to receive the following benefits because of membership in a prior system in lieu of the above. \$ _____

Election and Acceptance by Member or Survivor
(Initial the appropriate line below)

(Initial)

_____ **I ELECT TO ACCEPT** the type of pension benefit reflected above as well as the amount of benefits as determined under **ITEM I** above, representing the benefits payable to me and to my survivors under the Arizona Elected Officials' Retirement Plan.

_____ **I ELECT TO RECEIVE** the benefits under **ITEM II** in accordance with the prior system designated as _____.

I UNDERSTAND that this election to receive benefits pursuant to this document and under the EORP or another system may not be revoked and is binding upon me or any beneficiary or survivor unless otherwise provided by law.

WITNESS SIGNATURE

SIGNATURE OF MEMBER OR SURVIVOR

DATED: _____

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575

Form 13
08/11

Fax **OR** Mail form to:
Non-retired Fax
(602) 296-2368

Retired Fax
(602) 296-2369

AUTHORIZATION TO START OR CANCEL DIRECT DEPOSIT

Section 6109 of the Internal Revenue Code mandates disclosure of your Social Security number (SSN). We will only use your SSN to obtain account information and to inform the Internal Revenue Service (IRS) of distributions and withholdings.

SECTION 1 – PRINT Information

SSN		Status (check one) <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Refunding	
RETIREE SYSID (if known)	Date of Birth (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	If ex-spouse, provide member's name:
Name (Last)		(First)	(Middle)
Address – City, State, ZIP Code +4			E-mail Address
Home Telephone # ()	Cell # ()	Work # ()	

SECTION 2 – Bank Information - If you have more than one account, complete a new form for each account.

I authorize the deposit of my check(s) into the following account (replacing all prior requests):

Check only one: Checking OR Savings Routing # and account # samples:

Routing # (9 digits): _____

Account # : _____

Financial Institution: _____

ATTACH A VOIDED CHECK (or copy) ON REVERSE SIDE
(or a letter from your financial institution verifying your name, account and routing numbers)
AND COPY OF YOUR DRIVER'S LICENSE (or ID card)

SECTION 3 – Cancellation of Direct Deposit

ONLY check this box if you want to **STOP** the direct deposit entirely and send your check(s) to your mailing address.

SECTION 4 – REQUIRED Signature - If not previously provided and signing as a Power of Attorney or Guardian, provide our office with a complete copy of the appointment documentation.

By my signature below, I authorize and understand that:

- The financial institution stated above will debit my account for the purpose of error corrections (upon written request to the financial institution by the PSPRS/CORP/EORP).
- Upon written request by the PSPRS/CORP/EORP, the financial institution stated above will release my address and/or general account information to the PSPRS/CORP/EORP. For example, this includes the name and address of any joint account holder(s), or legal representative(s) on the account.
- Any joint bank account holder(s) must immediately notify the financial institution and the PSPRS/CORP/EORP of the death of the member and must also return to the PSPRS/CORP/EORP any deposited funds that the member is not entitled to receive.
- This agreement remains in effect until canceled by me, in writing, or upon my death. The PSPRS/CORP/EORP reserves the right to discontinue or cancel this deposit at any time.

REQUIRED Signature	Date
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We must receive a properly completed form by the 10th of the month in order to be processed that month.

For account information, visit our website at www.psprs.com under "Members Only."

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 East Camelback Road, Suite 200, Phoenix, Arizona 85016-4416
www.psprs.com

FORM U3 - Benefits
08/11
Page 1 of 2
P (602) 255-5575
F (602) 296-2369

LUMP SUM DISTRIBUTION ELECTION FORM FOR BENEFITS
(Note: If you are "refunding" your contributions, complete FORM U3 REFUNDS)

Name of Recipient: _____

SSN of Recipient: _____ Date of Retirement / Death: _____
(N/A for ex-spouse)

SECTION 1 - Distribution Type (check ONE)

DROP / DROP Beneficiary / CORP Reverse DROP OR Lump-Sum Death Benefit

SECTION 2 - Distribution Method (check ONE)

TOTAL Distribution to Recipient

The ENTIRE payment will be made to me less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits. If this option is selected, sign below and return the original (you do not need to complete page 2 of 2.)

OR

Rollover

I elect to roll ALL or PORTION of the TAXABLE benefit to the financial institution(s) as indicated below.

If any portion is NON-TAXABLE, this amount cannot be rolled-over and will be mailed directly to you to the address on file. *Additionally, any amount not stated below will be mailed directly to you less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits.*

List the Financial Institution(s) below and complete the <i>Agreement of Depository Trustee</i> , Page 2 of 2	Amount to Rollover
1)	\$
2)	\$
3)	\$
<input type="checkbox"/> If applicable, CHECK BOX to: Send BALANCE to me less the applicable Federal withholding (generally 20%).	

SECTION 3 – REQUIRED Signature Below

I authorize the release the appropriate funds in the manner identified above and I acknowledge that I have received a copy of the *Special Tax Notice*.

Signature (Member, Survivor/Beneficiary, or Ex-Spouse)

Date

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)
Benefits will not be paid until the ORIGINAL document(s) are received.

AGREEMENT OF DEPOSITORY TRUSTEE

EACH financial institution MUST complete this page (make additional copies as needed)

In accordance with the authorization of the depositor on the corresponding *Lump Sum Distribution Election Form for Benefits*, we agree to deposit the forthcoming rollover amount in the following account:

Type of Account (check one):

- 1) Sec 401(a) Qualified Defined Benefit Plan
- 2) Sec 401(a) Qualified Defined Contribution Plan (Includes Sec 401k)
- 3) Sec 403(a) Qualified Annuity Plan
- 4) Sec 403(b) Tax Sheltered Annuity
- 5) Sec 408(a) Traditional IRA (Includes SEP IRA)
- 6) Sec 408(b) Individual Retirement Annuity
- 7) Sec 457 Governmental Plan

Name of Account Holder

Account Number

Name of Financial Institution

Signature of Financial Institution Representative

Date

Mailing Address

City

State

Zip

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)
Benefits will not be paid until the ORIGINAL document(s) are received.

Mailing Address

City

State

Zip+4

Type or print your full name (last, first, middle initial)	Your social security number
Home address (number and street or rural route)	Annuity Contract Claim or I.D. Number
City or town, state, and ZIP code	Telephone Number

Annuitant's Voluntary Arizona Income Tax Withholding Options

Choose only one:

- 1 I hereby elect to have Arizona income taxes withheld from my annuity or pension payments as authorized by ARS §43-404.
I choose to have Arizona withholding at the rate of
(check only one box): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of the
taxable amount of distribution.

Additional amount to be withheld per distribution \$ _____

- 2 I hereby elect to terminate my prior election for voluntary Arizona income tax withholding from my annuity or pension payments as authorized by ARS §43-404.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

GENERAL INSTRUCTIONS

Who May Use Form A-4P

A person who receives an annuity or pension may use this form to elect voluntary Arizona income tax withholding. Arizona withholding is a percentage of the taxable amount of distribution in Box 2a of federal Form 1099-R. Therefore, you may elect voluntary Arizona income tax withholding at the applicable percentage rates and designate an additional amount to be withheld.

"Annuity" means any amount paid to an individual as a pension or annuity, but only to the extent that the amount is includible in the Arizona gross income of that individual.

You may NOT elect to have Arizona income tax withheld from nonperiodic payments, lump sum distributions, or individual retirement account distributions, that do not meet the definition of annuity listed above.

You also may NOT elect to have Arizona income tax withheld from Social Security pensions, Veteran's Administration annuities, or Railroad Retirement pensions.

Where to Send Form A-4P

Send Form A-4P to the payor of your annuity or pension. Do not send Form A-4P to the Arizona Department of Revenue.

Duration of Voluntary Arizona Withholding Election

The payor of your pension or annuity will withhold Arizona income tax from your payments until you notify the payor to terminate Arizona withholding.

How to Terminate a Voluntary Arizona Withholding Election

You may terminate your voluntary Arizona withholding election at any time. You may use Form A-4P to terminate Arizona withholding or you may send a written notice to the payor of your pension or annuity requesting termination of withholding.

Statement of Income Tax Withheld

The payor of your pension or annuity will provide you with a form that lists the total amount of your pension or annuity payments and the total amount of Arizona income tax withheld from these payments for the calendar year 2012. The payor of your pension or annuity will provide this form to you in early 2013.

**Withholding Certificate for
 Pension or Annuity Payments**

2012

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/ more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one pension; or
 • You are married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child **F** _____

G Add lines A through F and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **G** _____

For accuracy, **complete all worksheets that apply.** {
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2012

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ► _____

Marital status: Single Married Married, but withhold at higher Single rate (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$ _____

Your signature ► _____

Date ► _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any credit amounts from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line G, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, page 1	10	_____

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1	Enter the number from line G, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying pension or job and enter it here. However , if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying pension or job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 12 if you are paid every month and you complete this form in December 2011. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2012. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,640 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your “No Withholding” Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write “Revoked” next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write “Revoked” next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person’s taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person’s U.S. Source Income Subject to Withholding*, by March 15 of next year.

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 periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke 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). Providing false or 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 possessions 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.