



Instructions: Print, complete, and sign this form to instruct PERA on your federal and Minnesota state tax withholding or to change your current tax withholding from your PERA monthly benefit.

- Part A: About you
Part B: Federal income tax withholding
Part C: Minnesota state income tax withholding
Part D: Member signature

For this form to be valid, you must sign it. Return the completed and signed form to PERA by mail or fax.

IMPORTANT: We use the information you supply on this form to identify your records and to report federal and/or Minnesota state income tax withholding as required by law. Except for your name, the data you supply is classified as PRIVATE; it is available only to you, PERA staff who use it to conduct PERA business, the Internal Revenue Service, and the Minnesota Department of Revenue. Failure to disclose the data requested may result in inaccurate reporting of your income tax. No matter which option you choose, you will be responsible for any taxes that are due.

Part A - About you

Name—Last, First, Middle Initial

Last four digits of Social Security Number PERA ID Number

Address—Street, City, State, and Zip Code [] Check () box if change of address

Indicate the PERA plan providing your benefit (check only one)
[] Coordinated/Basic Plan [] Statewide Volunteer Firefighter Plan
[] Police & Fire Plan [] Minneapolis Employees Retirement Plan
[] Correctional Plan [] Survivor Benefit

Part B - Federal income tax withholding

Options on how you want PERA to withhold federal income tax from your benefit are listed below. Read each option carefully before making a selection. If you do not make a selection, federal law requires PERA to withhold federal tax from your benefit assuming a status of married with three exemptions. This assumption or your preferred method of withholding will be in effect until you change it.

CHECK () ONLY ONE BOX

- [] 1. I do not wish to have federal tax withheld from my monthly benefit.
[] 2. I wish to have federal tax withheld from my monthly benefit based on the current tax tables using marital status and number of withholding exemptions claimed below. (Tax tables available at www.irs.gov)
Optional: I also wish to have an additional \$ _____ withheld from my monthly benefit for federal taxes.

NOTE: The dollar amount you enter will be in addition to the withholding generated by the current tax tables.

Did you check box 2 above? If yes, complete the following:

Marital Status: [] Single [] Married

Exemptions (Check all that apply)

[] Yourself [] Spouse [] Other (Indicate Number) _____ TOTAL EXEMPTIONS CLAIMED: _____

Part C - Minnesota state income tax withholding

Options on how you want PERA to withhold Minnesota state income tax from your benefit are listed below. If you do not make a selection, PERA will continue to withhold state taxes at your current rate. If you made no previous election, PERA will not withhold Minnesota income taxes unless you complete this form.

CHECK (✓) ONLY ONE BOX

PLEASE NOTE: PERA can withhold state tax for Minnesota only.

1. I do not wish to have Minnesota state tax withheld from my monthly benefit.
2. I wish to have Minnesota state tax withheld from my monthly benefit based on current tax tables and the marital status and number of withholding exemptions I claim below. (Tax tables available at www.revenue.state.mn.us)
- Optional: I also wish to have an additional \$ _____ withheld from my monthly benefit for Minnesota state taxes.

NOTE: The dollar amount you enter will be in addition to the withholding generated by the current tax tables.

Did you check box 2 above? If yes, complete the following:

Marital Status: Single Married

Exemptions (Check all that apply)

Yourself Spouse Other (Indicate Number) _____ TOTAL EXEMPTIONS CLAIMED: _____

Part D - Member signature

IMPORTANT: FORM MUST BE SIGNED TO BE VALID

I have read and understand the information on this form. Under penalties of perjury, I declare that I provided true, correct, and complete information and request that PERA withhold income taxes from my benefit in the manner described above. I realize that my withholding method(s) will continue until I change them.

This form may be completed and signed by a legal representative of the payment recipient (under a Power of Attorney agreement or court-ordered Conservatorship, for example). Legal representatives should include a copy of any agreement or court order granting the legal representative the authority to act on behalf of the payment recipient with this form.

Signature of Recipient

Date

Return completed and signed form to PERA by mail or fax.



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