

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 – 1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

Certificate of Withholding Preference Or Withholding Tax Change

Instructions: Please use black ink and print clearly or type.

MEMBER INFORMATION

Name:		SSN:
Address:		
		Date of Birth:
City :	State:	ZIP:
Home Phone Number:	Business Phone Number:	Email Address:

FEDERAL TAX WITHHOLDING STATUS AND EXEMPTIONS

Withholding Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single	Number of Exemptions Claimed: _____
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FEDERAL TAX WITHHOLDING PREFERENCE (check one)

<input type="checkbox"/>	I do not wish to have federal taxes deducted from my retirement allowance.
<input type="checkbox"/>	I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my retirement allowance in accordance with the applicable tax tables using the marital status and exemptions claimed.
<input type="checkbox"/>	I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my retirement allowance in accordance with the applicable tax tables using the marital status and exemptions indicated above. I also wish to have \$ _____ withheld from each monthly benefit payment in addition to the amount to be withheld on the basis of withholding status and exemption claimed.
<input type="checkbox"/>	I wish to have ERSRI withhold a total amount of \$ _____ federal tax from each monthly benefit payment.

RI STATE INCOME TAX WITHHOLDING PREFERENCE (check one)

<input type="checkbox"/>	I do not wish to have Rhode Island state taxes deducted from my retirement allowance.
<input type="checkbox"/>	I request voluntary income tax withholding from my pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I also wish to have \$ _____ withheld from each monthly benefit payment in addition to the amount to be withheld on the basis of withholding status and exemption claimed.
<input type="checkbox"/>	I wish to have ERSRI withhold a total amount of \$ _____ RI State tax from each monthly benefit payment.

MEMBERS' STATEMENT AND SIGNATURE

I, the undersigned, hereby authorize the Employees' Retirement System of Rhode Island (ERSRI) to adjust my withholding tax as indicated above.
 I understand my request to change withholding tax, if received by ERSRI after the 15th of the month, may not be reflected until the following month.

Signature of Member	Date
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