

Please print clearly in black ink.

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### Section 1: Member information

\_\_\_\_\_  
First name and middle names

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Address (street number, street name, and apartment number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Home phone number (area code and number)

\_\_\_\_\_  
SSN (last 4 digits only)

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### Section 2: RI State tax withholding status and allowances

Benefit type (check one):    Married    Single

Number of allowances claimed: \_\_\_\_\_

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### Section 3: RI State income tax withholding preference (check only one)

I do not wish to have Rhode Island State taxes withheld from my monthly pension statement.

Withhold Rhode Island State taxes (if any) from my monthly pension payment in accordance with the applicable tax tables using the filing status and allowances indicated above.

Withhold Rhode Island State taxes (if any) from my monthly pension payment in accordance with the applicable tax tables using the filing status and allowances indicated above, **plus** the amount I have indicated here: \$\_\_\_\_\_.

Withhold \$\_\_\_\_\_ in Rhode Island State taxes from each benefit payment.

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### Section 4: Member's statement and signature

I, the undersigned, hereby authorize the Employees' Retirement System of Rhode Island (ERSRI) to adjust my tax withholding as indicated above.

I understand my request to change tax withholding, if received by ERSRI after the 15th of the month, may not be reflected until the following month.

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date of signature (mm/dd/yyyy)

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Please forward this completed form, dated and signed, to the following address:

**Employees' Retirement System of Rhode Island**

50 Service Avenue, 2nd Floor  
Warwick, RI 02886-1021

**Fax:** (401) 462-7691