

#### Please provide a copy of the following along with your application:

- 1. Driver's License and Social Security Card
- 2. Updated Electronic Deposit Form
- 3. Updated W-4P for federal withholding
- Marriage License (IF APPLICABLE)
   Member Death Certificate

## APPLICATION FOR BENEFIT FOR SURVIVIING SPOUSE/MINOR OF AN **ACTIVE MEMBER**

Name	Date of Birt	h	Social Security Number
Current Mailing Address	City		State Zip Code
Email	Phone		
Survivor Signature	Date	Relation	onship to Member
SECTION 2: MEMBER INFORMATION			
Member Name	Date of Birth	Date of Death	Social Security Number
Selection of Benefit - Initial One Option Only	EMBER WAS ACTIVE	E-NOT RETIRED	
Selection of Benefit - Initial One Option Only Initials  A. If the member was eligible to reti  B. In lieu of any benefits due me as	ire, select the <b>monthly</b> Op s a survivor, I elect the optic	tion II survivor benefit on to receive a refund	·
B. In lieu of any benefits due me as	ire, select the <b>monthly</b> Op s a survivor, I elect the optic	tion II survivor benefit on to receive a refund	·
Selection of Benefit - Initial One Option Only Initials  A. If the member was eligible to reti B. In lieu of any benefits due me as contributions and expressly was selection 4: NOTARY	ire, select the <u>monthly</u> Op s a survivor, I elect the optic aive any right to a month	tion II survivor benefit on to receive a refund ly benefit.	of the member's accumulated
Selection of Benefit - Initial One Option Only Initials  A. If the member was eligible to reti  B. In lieu of any benefits due me as contributions and expressly was selected.  SECTION 4: NOTARY  SWORN TO AND SUBSCRIBED BEFORE ME	ire, select the <u>monthly</u> Op s a survivor, I elect the optic aive any right to a month	tion II survivor benefit on to receive a refund ly benefit.  for the state of	of the member's accumulated
Selection of Benefit - Initial One Option Only Initials  A. If the member was eligible to reting B. In lieu of any benefits due me as contributions and expressly was selected.  B. In lieu of any benefits due me as contributions and expressly was selected.  B. In lieu of any benefits due me as contributions and expressly was selected.  B. In lieu of any benefits due me as contributions and expressly was selected.  B. In lieu of any benefits due me as contributions and expressly was selected.	ire, select the <u>monthly</u> Op s a survivor, I elect the optic aive any right to a month ME, Notary Public, in and f	tion II survivor benefit on to receive a refund ly benefit.  for the state of, 20	of the member's accumulated, parish/county of,
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Selection of Benefit - Initial One Option Only Initials  A. If the member was eligible to reti  B. In lieu of any benefits due me as contributions and expressly was selected.  SECTION 4: NOTARY  SWORN TO AND SUBSCRIBED BEFORE ME	ire, select the <u>monthly</u> Op s a survivor, I elect the optic aive any right to a month ME, Notary Public, in and f	tion II survivor benefit on to receive a refund ly benefit.  for the state of, 20	of the member's accumulated, parish/county of,



SELECT THE PLAN	THAT APPLIES:
PLAN A	PLAN B

## **EMPLOYER FORM** — TO BE COMPLETED BY EMPLOYER

	USE THIS FORM	TO REQ	UEST ONE OF TH	E FOLLO	VING	G – CHOO	SE ONLY C	NE OPTIO	ON
Regular Retir Benefi		Disability Benefit Deferred Retirement Option Plan (DROP)			Post-DROP				
EMPLOYEE INFORMATION									
First:		Middle	(or Maiden):				Last:		
Social Security No.	:	Date of Birth: Telepho			Telephone	one:			
Address: City, State, Zip:									
Email Address:									
Employer: Depar				Departn	nent:				
			TO BE COMPLET	TED BY EI	MPLC	OYER			
Employee's Cont	inuous Service S	tarted oi						Date:	
			ed all Accumulate	ed Annua	l Lea	ve on:			
Last Day on Paris								Date:	
			OP to Commence	):				Date:	
			eave for Convers	-	tirem	nent cred	lit =	1	days.
			LEAVE RECORDS I						
OVERTI	ME PAY- LIST TH	E AMOU	INT OF OT BY MC	NTH FO	RTHE	7 YEAR	S BEFORE	RETIREMI	ENT DATE
Specify year here>>>>>	Year 1	Year 2	Year 3	Year	4	Year	· 5	Year 6	Year 7 (current)
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Did the member h	nave ANY leave	without	pay since the dat	e of hire	?	Υ	ES		NO
If yes, provide the	number of hour	s and tin	ne periods the lea	ave witho	out pa	ay occurr	ed below.		
				Ac	tuaria	al Appro	val:		
Signature of Applicant Date									
Name and Title of A	ppointing Authori	ty Submit	ting This Form						
Signature of Employ	 /er		Date						



#### **AUTHORIZATION FOR DIRECT DEPOSIT**

Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution

BENEFIT RECIPIENT'S INFORMATION					
First Name:	Middle Initial:	Last Name:			
Mailing Address:					
City:	State:		Zip Code:		
Last 4 Digits of SSN:	<b>.</b>	Phone Number	per:		
Email Address:					
	ACCOUNT II	NFORMATI	ION		
Name of Financial Institution:					
Type of Account: Checking	Savings				
Must attach a VOIDED check or D	irect Deposit	<b>Authorizat</b>	tion Form from the Financial Institution	<mark>nc</mark>	
Account Number:		Routing Numl	ber: (Must Be 9 Digits)		
Address of Financial Institution:					
City:	State:		Zip Code:		
If Joint Account, Name of Joint Signer:					
Lance   Lance	etirement Syste	m (PERS) to	denosit my net henefit navment to my		
	<del>-</del>		, to initiate withdrawals to correct erroneous	s	
deposit entries to my account listed above		-			
changes occur to the above account specif	ied. This author	ization remai	ins in effect until another signed Authorization	on	
for Direct Deposit is completed and receiv		_			
			y direct deposit is not ultimately deposited		
	-		the payment identified herein; and 3) that I		
understand the provisions and obligations	contained here	ein.			
Signature of Benefit Recipient			Date of Signature		



Department of the Treasury Internal Revenue Service

# Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

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

2025

Step 1:	(a) First name and middle initial	Last name	(b) Social security number
Enter Personal	Address		
Information	City or town, state, and ZIP code		
	(c) Single or Married filing separately Married filing jointly or Qualifying surviving Head of household (Check only if you're unma	spouse rried and pay more than half the costs of keeping up a home for yo	urself and a qualifying individual.
are completing the year in you (not from jobs	this form after the beginning of the year; ex r marital status, number of pensions/jobs fo or pension/annuity payments), deductions, of	to determine the most accurate withholding for the spect to receive your payments only part of the year you (and/or your spouse if married filing jointly), door credits. Have your most recent payment statement of next year, use the estimator again to recheck you	r; or have changes during ependents, other income nts/pay stubs from this
		se, skip to Step 5. See pages 2 and 3 for more info	
Step 2: Income From a Job		e from a job or more than one pension/annuity, or (a from a job or a pension/annuity. See page 2 for ex	
and/or Multiple Pensions/ Annuities	<ul><li>(a) Use the estimator at www.irs.gov/W4 or your spouse have self-employmen</li><li>(b) Complete the items below.</li></ul>	, ,	
(Including a Spouse's Job/	from all jobs, plus any income	one or more jobs, then enter the total taxable annual entered on Form W-4, Step 4(a), for the jobs lest, Step 4(b), for the jobs. Otherwise, enter "-0-".	
Pension/ Annuity)	this pension/annuity, then enter t	any other pensions/annuities that pay less annually the total annual taxable payments from all lower-pater "-0-"	/ than aying <u>\$</u>
		W-4P for all other pensions/annuities if you haven't ension/annuity that pays less than the other(s). Sub	
Complete Ste Steps 3–4(b) o	· · · · · · · · · · · · · · · · · · ·	nd this pension/annuity pays the most annually. Oth	nerwise, do not complete
Step 3:	If your total income will be \$200,000 or le	ess (\$400,000 or less if married filing jointly):	
Claim	Multiply the number of qualifying chil	dren under age 17 by \$2,000 \$	
Dependent and Other	Multiply the number of other dependent	ents by \$500	
Credits	Add other credits, such as foreign tax cre	edit and education tax credits \$	
		other dependents, and other credits and enter the	3 \$
Step 4 (optional): Other	(a) Other income (not from jobs or per on other income you expect this year	nsion/annuity payments). If you want tax withheld in that won't have withholding, enter the amount of interest, taxable social security, and dividends .	
Adjustments		eductions other than the basic standard deduction g, use the Deductions Worksheet on page 3 and	
	(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
For Drivagy Act	and Panerwork Reduction Act Notice see nac	Cat No. 10225T	Form W-4P (2025)

Form W-4P (2025)

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**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 1(a), 1(b), 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. Are submitting this form after the beginning of the year;
- 2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
- 3. Receive these payments or pension and annuity payments for only part of the year; or
- 4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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 <a href="https://www.irs.gov/W4App">www.irs.gov/W4App</a> 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**

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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**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.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4**. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they 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). They 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

Form W-4P (2025)

### Specific Instructions (continued)

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 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 2025 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.

Page 3

**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.

**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 2025, 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 2025 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 . . . . . . . . . . . . . . . . . . \$30,000 if you're married filing jointly or a qualifying surviving spouse \$22,500 if you're head of household \$15,000 if you're single or married filing separately If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater \$ If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under • \$3,200 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.