

Name <small>LAST</small> <input type="text"/> <small>FIRST</small> <input type="text"/> <small>MIDDLE</small> <input type="text"/>		Date of Birth <input type="text"/>	PLAN TYPE (Check One) <input type="checkbox"/> SCHOOL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> JUDGES <input type="checkbox"/> PATROL <input type="checkbox"/> DCP
Social Security Number <input type="text"/>		Email <input type="text"/>	
Address <input type="text"/>		City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	
Home Phone <input type="text"/>	Work Phone <input type="text"/>	Employer <input type="text"/>	

Withholding Certificate for Annuity Payments

If you are a new retiree or benefit recipient and you do not complete and return this form, we are required to withhold federal and Nebraska state income taxes as if you are a married individual claiming three exemptions.

SECTION 1 NEBRASKA RESIDENTS (Fill out ONLY this section.)

Nebraska residents, please check the box to select **ONE** of the following options (A, B, or C):

- OPTION A:** I **WANT** federal *and* state income tax withheld from my periodic annuity payments, based on the number of exemptions and the marital status I claim below.

Total number of exemptions/withholdings claimed: _____

MARITAL STATUS: Single Married Married, but withholding at a higher single rate
(Select ONLY ONE of the above. Note that "Widow" or "Widower" is not a status.)

IF YOU SELECTED OPTION A: (Optional)

Note any **ADDITIONAL** (not total) monthly federal withholding: \$ _____

Note any **ADDITIONAL** (not total) monthly state withholding: \$ _____

Must be a dollar amount.
No percentages
or fractions.

- OPTION B:** I do **NOT** want federal **OR** state income tax withheld.

- OPTION C:** I do **NOT** want *federal* income tax withheld **BUT** please withhold a flat monthly amount of \$ _____ for *state* income tax.

SECTION 2 NON-RESIDENTS OF NEBRASKA (Fill out ONLY this section.)

Complete this section only if you do **NOT** reside in Nebraska. Please check the box to select **ONE** of the following options (A or B):

- OPTION A:** I **WANT** federal income tax withheld from my periodic annuity payments, based on the number of exemptions and the marital status I claim below.

Total number of exemptions/withholdings claimed: _____

MARITAL STATUS: Single Married Married, but withholding at a higher single rate
(Select ONLY ONE of the above. Note that "Widow" or "Widower" is not a status.)

IF YOU SELECTED OPTION A: (Optional)

Note any **ADDITIONAL** (not total) monthly federal withholding: \$ _____

Must be a dollar amount.
No percentages or fractions.

- OPTION B:** I do **NOT** want federal income tax withheld.

Questions regarding your individual tax liability should be directed to your accountant, the Internal Revenue Service and/or the Nebraska Department of Revenue. The Public Employees Retirement Systems staff are not qualified to answer your personal tax questions.

IMPORTANT

I realize I am liable for payment of federal income tax on the taxable portion of my annuity and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

I hereby submit this Withholding Certificate regarding how my benefit is to be treated for purposes of federal and Nebraska state income tax withholding.

<p>X Member's Signature <input style="width: 90%;" type="text"/></p>	<p>DATE <input style="width: 90%;" type="text"/></p>
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