



Strength. Service. Commitment.

SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
TAX ELECTION FOR MONTHLY RETIREMENT BENEFIT

Please complete all sections of the form.

Full name	Social Security number
Street address	
City, State and ZIP code	Phone number

FEDERAL ELECTION Check one option:

- I **do not want** federal income tax withheld from my monthly retirement benefit.
- OR**
- I **want** federal income tax withheld from my monthly retirement benefit as follows:
 - a) Marital status: single married married but withhold at the higher, single rate
 - b) Number of withholding allowances: _____
 - c) Additional amount of withholding from each monthly retirement benefit \$ _____
- OR**
- I want a specific amount withheld from each monthly retirement benefit \$ _____

STATE OF CALIFORNIA ELECTION Check one option:

- I **do not want** California State income tax withheld from my monthly retirement benefit.
- OR**
- I **want** California State income tax withheld from my monthly retirement benefit as follows:
 - a) Marital status: single married
 - b) Number of withholding allowances: _____
 - c) Additional amount of withholding from each monthly retirement benefit \$ _____
- OR**
- I want a specific amount withheld from each monthly retirement benefit \$ _____

AUTHORIZATION

I understand this tax election applies to the taxable portion of my monthly retirement payment. Any prior federal or state withholding form on file with SDCERA is hereby revoked. Changes become effective the next payroll process.

Signature	Date
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