

Tax Election for Monthly Retirement Benefit

Use this form to elect or change your tax withholding options. If you want to keep your prior election for either federal or state withholding, you may leave that section blank. Your previous election for a blank section will remain in effect. Selecting new elections in either section of this form revokes the prior withholding selection on file with SDCERA.

MEMBER INFORMATION

First name	MI	Last name	Social Security number
Street address			
City	State	ZIP	Daytime telephone number ()

FEDERAL ELECTION *Check one option.*

- I **do not want** federal income tax withheld from my monthly retirement benefit. *(Option not available to U.S. citizens living in a foreign country.)*
- OR**
- I **want** federal income tax withheld from my monthly retirement benefit as follows:
- Marital status: single married married but withhold at the higher, single rate
- Number of withholding allowances *(enter "0" if zero)*: _____
- I **want** the following additional 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:
- Marital status: single or married (with two or more incomes) married (one income)
- Number of withholding allowances *(enter "0" if zero)*: _____
- I **want** the following additional amount withheld from each monthly retirement benefit: \$ _____
- OR**
- I **want** this designated 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.

Member's signature required Date

Please complete all sections of the form.