

**Tax Election for Monthly Retirement Benefit**

Use this form to elect or change your tax withholding options.

**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 **X** ..... Date .....

*Please complete all sections of the form.*