

Tax Election for (choose one): Retirement Benefit DROP

Member or Beneficiary Name		Middle Initial	Last Name
Date of Birth	Last 4 Digits of Social Security Number		Phone Number
Street Address			
City	State	Zip	

Retirees and Beneficiaries may submit new Federal and/or California state tax withholding information for their SDCERS benefit at any time. The portion of your retirement benefit derived from pre-tax contributions is subject to both California state (if you live in California) and federal income taxes. You may elect to have or to not have taxes withheld directly from your retirement benefit. SDCERS strongly recommends you discuss these options with a tax professional. **IMPORTANT:** If you reside outside of the State of California, you will need to pay any applicable state taxes owed directly to the state in which you reside. SDCERS will not deduct taxes from your benefit for any state other than California.

SUBMIT CHANGES ONLINE! As an alternative to filling out this form, you may visit the SDCERS Member Portal to submit your changes online, at www.sdcers.org. This secure process saves time and eliminates the need to mail the form.

FEDERAL TAX WITHHOLDING ELECTION	<input type="checkbox"/> No change to Federal Tax Withholding
<input type="checkbox"/> Withhold Federal tax based on the following status and exemptions:	
A) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "single" rate	
B) Number of withholding allowances _____ (If left blank, "zero" will be entered) (Worksheets to determine the number of allowances you may claim are found on Form W-4P at www.irs.gov)	
C) OPTIONAL: Withhold additional amount from each payment: \$ _____ IMPORTANT: YOU MUST COMPLETE LINES A & B if you select this option	
<input type="checkbox"/> DO NOT WITHHOLD Federal Tax <i>(I understand this choice does not relieve me of any tax liability)</i>	

CALIFORNIA STATE WITHHOLDING ELECTION	<input type="checkbox"/> No change to California State Tax Withholding
<input type="checkbox"/> Withhold \$ _____ from each benefit payment <i>(this option is <u>not</u> available for Federal taxes)</i>	
<input type="checkbox"/> Withhold California state tax based on the following status and exemptions:	
A) <input type="checkbox"/> Single <input type="checkbox"/> Married at Single Rate <input type="checkbox"/> Married <input type="checkbox"/> Head of Household	
B) Number of withholding allowances _____ (If left blank, "zero" will be entered) (Worksheets to determine the number of allowances you may claim are found on Form DE 4P at www.edd.ca.gov)	
C) OPTIONAL: Withhold additional amount from each payment: \$ _____ IMPORTANT: YOU MUST COMPLETE LINES A & B if you select this option	
<input type="checkbox"/> DO NOT WITHHOLD California State Tax <i>(I understand this choice does not relieve me of any tax liability)</i>	

MEMBER OR BENEFICIARY SIGNATURE

DATE

Please make a copy for your records

Rev. 1.1.2012

