MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS
EMPLOYEES' RETIREMENT SYSTEM
Application for Retirement

NAME_____ SSN_____

ADDRESS_____ DATE OF BIRTH_____

_____ EMAIL ADDRESS_____

_____ PHONE NUMBER_____

I hereby elect to retire effective _____ and certify that the information indicated on this form is correct. I elect to receive my benefit in the option noted below:

BENEFIT PAYMENT OPTIONS: Please refer to the Summary Plan Description for your retirement plan for a description of the options listed below. You can obtain the Summary Plan description at www.montgomerycountymd.gov/retirement or by calling 240-777-8230.

- ☐ Modified Cash Refund Annuity
- ☐ Ten Year Certain and Continuous
- ☐ Joint and Survivor Annuity ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
- ☐ Joint and Survivor Pop-Up Annuity ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
- ☐ Social Security Adjustment ☐ age 62 ☐ age 65
- ☐ Social Security Adjustment Combined with Joint and Survivor
  - ☐ age 62 ☐ age 65
  - ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
- ☐ Social Security Adjustment Combined with Joint and Survivor Pop Up Annuity
  - ☐ age 62 ☐ age 65
  - ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%

The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed after the first retirement payment has been made except in the case of a subsequent Disability Retirement award.

I elect as my Joint Annuitant (name)_____, (SSN) _____,

(date of birth) _____.

_____Proof of Age submitted for Spouse/Domestic Partner annuitant
_____Proof of Marriage submitted
_____Domestic Partner Affidavit submitted
_____Social Security Card
_____ Proof of Birth Certificate (for child annuitant)

_____
Participant's Signature Date

MCERP Date Received:_____ Ret Code:_____ 04/13

Montgomery County Employees' Retirement System (MCERS)

Electronic Direct Deposit Authorization Form – Benefit Payments

I hereby make the following requests and authorizations relating to my benefit payments from the Montgomery County Employees' Retirement System: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

1. **Participant Name** _____ _____
   (First Name) *(Last Name)*

2. **Social Security Number** _____

3. **Participant Home Address** _____

   _____ _____ _____
   (City) *(State)* *(Zip Code)*

4. **Daytime Phone Number** _____

5. **Financial Institution's Name** _____

6. **Account Type** ☐ Checking ☐ Saving ☐ Other _____

7. **Basic Information** _____ _____
   (Bank Routing Number) *(Account Number)*

Please attach a VOIDED CHECK (For checking account only). This check must be imprinted with the name and address. We cannot accept starter checks or deposit slips. If the type of bank account elected is other than checking, or if you only have starter checks, then you must include a copy of your bank statement or a letter from the bank with the bank official's signature.

I understand that in the absence of a discrepancy or other unusual circumstance, will direct deposit my benefit payments within 30 days of your receipt of this form. In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form. The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it. I hereby discharge from Montgomery County Employees' Retirement System (MCERS) all liability whatsoever for any actions taken by MCERS in accordance with the above request and authorization.

Participant Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM, ALONG WITH A COPY OF A VOIDED CHECK OR OTHER DOCUMENTATION AS DESCRIBED ABOVE, TO:

Montgomery County Employee Retirement Plans
101 Monroe Street, 15th floor
Rockville, MD 20850
phone: (240) 777-8230 fax: (301) 279-1424

Please keep a copy of this form for your records

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2013

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2013.

What do I need to do? Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at *www.irs.gov/w4p*. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A _____

B Enter "1" if:
- You are single and have only one pension; or
- You are married, have only one pension, and your spouse has no income subject to withholding; or
- Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is $1,500 or less.

. . . . . B _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D _____

E Enter "1" if you will file as **head of household** on your tax return . . . . . E _____

F **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.
- If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child . . . . . F _____

G Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ G _____

For accuracy, complete all worksheets that apply.
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds $40,000 ($10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

---------- **Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.** ----------

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0074

2013

Your first name and middle initial	Last name	**Your social security number**
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶ ☐

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ▶ _____ (Enter number of allowances.)

Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . ▶ $

Your signature ▶ **Date** ▶

Cat. No. 10225T Form **W-4P** (2013)

Montgomery County Employee Retirement Plans
101 Monroe Street, 15th floor
Rockville, MD 20850
phone: (240) 777-8230 fax: (301) 279-1424

Please keep a copy of this form for your records

FORM
MW 507P

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

Maryland Income Tax Withholding for Annuity, Sick Pay and Retirement Distributions

Type or print full name	Social Security number
Home address (number & street)	
City, state and zip code	
A. Contract claim or identification number	
B. Enter the amount withheld from each annuity, sick pay or retirement distribution payment	$ .00

I request voluntary income tax withholding from any annuity, sick pay or retirement distribution payments as authorized by Section 10-907(b) of the Tax-General Article of the Annotated Code of Maryland.

COM/RAD 044 11-49 (Signature) (Date)

Instructions

Who may file – Any recipient of an annuity, sick pay or retirement distribution payment may file this form to have Maryland income tax withheld from each payment. However, the annuity must be payable over a period longer than one year.

Sick pay – The term "sick pay" means any amount which is paid to an employee pursuant to a plan to which the employer is a party and constitutes remuneration or a payment in lieu of remuneration for any period during which the employee is temporarily absent from work on account of sickness or personal injuries.

Where and how to file – *File this form with the payer of your annuity, sick payment or retirement distribution.* Enter in item B of page 1, the whole dollar amount that you wish withheld from each annuity or sick pay payment. The amount must not be less than $5 a month for annuities and retirement distributions and at least $2 per daily payment in the case of sick pay.

You may find it convenient to request an amount to be withheld which will reduce your year-end tax balance on your individual Maryland tax return to an amount of $500 or less and thus avoid having to file an individual Declaration of Estimated Tax (Form 502D or 502 DEP).

You may use the worksheet provided with the declaration as a guide in estimating your income tax liability.

Duration of withholding request – Your request for voluntary withholding will remain in effect until you terminate it.

How to terminate a withholding request – You may terminate, at any time, your request for voluntary withholding by giving your payers a written termination notice.

Statement of income tax withheld – At the close of the year, your payer will furnish you with a Form 1099 or other appropriate form showing the gross amount of annuity or sick pay payments and the total amount deducted and withheld as tax during the calendar year.

Do not mail this form to the Maryland Revenue Administration Division

Montgomery County Employee Retirement Plans
101 Monroe Street, 15th floor
Rockville, MD 20850
phone: (240) 777-8230 fax: (301) 279-1424

Please keep a copy of this form for your records