1. **DROP Distribution Election Form** – select where you want your DROP account distributed. If you are rolling the DROP account to another financial institution, you **MUST ALSO SUBMIT** a copy of a Rollover form from the financial institution OR a letter from the financial institution confirming the following:
   - Full Name of the Plan (the name of the financial institution the check should be made payable)
   - Type of Plan (e.g. Deferred Compensation, IRA)
   - Your Name
   - Your Account Number

   **DROP distributions will be mailed to your home address for you to either deposit or forward to the financial institution.**

2. **MD State tax withholding MW507P** – complete only if you reside or claim residency in Maryland*.
   - Section A should be left blank
   - Section B - MD requires that you enter a flat dollar amount in Section B. The link below may assist you in completing Section B.

   *MCERP does not withhold taxes for any state other than Maryland. If you reside or claim residency outside of MD, you will need to contact the state in which you live and make arrangements to pay your state taxes.

3. **Federal tax withholding W4-P** complete ONLY IF you wish to change your current withholdings. Your current withholdings can be located at the bottom of your pay slip under Tax Withholding Information.
   - “Claim or Identification number” should be left blank.
   - Section 2 - Enter your Marital Status and enter the number of Allowances you are claiming (the top portion of the form may assist you in determining this number)
   - Section 3 – Enter a flat dollar amount only if you want additional taxes withheld.

   The link below may assist you in determining the amount of federal taxes that will be withheld.

4. **Direct Deposit Form** - complete ONLY IF you wish to have your monthly pension deposited to a different account than where your current paycheck is being deposited.
   - Attached a VOIDED check or letter from the bank which includes your name, account type, account number and bank routing number.
   - Only ONE bank can be selected.
DEFERRED RETIREMENT OPTION PLAN (DROP) – PLAN #22295 (FIRE)
DISTRIBUTION ELECTION FORM

☐ % Direct Rollover to an eligible retirement plan.

_____________________________ Full Name of the Plan
_____________________________ Type of Plan
_____________________________ Account Number

You MUST ALSO SUBMIT a copy of a Rollover form from the financial institution OR a letter from the financial institution with the name of the plan and account number.

Any post-tax portion of your account will be paid to you.

☐ % Lump sum payment

☐ % ERS Annuity. You must complete the DROP Annuity Distribution Form to elect your annuity payment option.

☐ 100 % UNQZ-Fidelity Fund code - ERS DROP Plan Payoff Account funds will remain in the ERS and be credited with interest at a 4% annual rate, credited monthly, for the period of time during which the account remains in the ERS. (Note: You may elect to receive a distribution of your total ERS DROP Plan Payoff Account in a lump sum payment or a direct rollover distribution to an eligible retirement plan at any time prior to obtaining age 72. At age 72 you must receive a distribution in accordance with Internal Revenue Code Section 401(a)(9) and the corresponding regulations).

I understand that this election is irrevocable and that I am encouraged to seek the advice of an attorney, professional tax advisor or financial consultant before making an election. I further understand that the Montgomery County Employee Retirement Plans will process my DROP distribution as I have indicated above 60 days after I exit DROP. You should allow 2 to 4 weeks for processing and receipt of your distribution.

DROP Exit Date: ________________ I am over age 50 YES NO (circle one)

_____________________________ ____________________________
Employee Name (Print) SSN

_____________________________ Date
Employee Signature

_____________________________ Date
Montgomery County Authorized Signer

Montgomery County Employee Retirement Plans
101 Monroe Street, 15th Floor • Rockville, Maryland 20850
Benefits 240.777.8230 • Investments 240.777.8220 • Fax 301.279.1424
## Maryland Income Tax Withholding for Annuity, Sick Pay and Retirement Distributions

<table>
<thead>
<tr>
<th>Type or print full name</th>
<th>Social Security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Home address (number &amp; street)</td>
<td></td>
</tr>
<tr>
<td>City, state and zip code</td>
<td></td>
</tr>
</tbody>
</table>

A. Contract claim or identification number ........................................ N/A

B. Enter the amount withheld from each annuity, sick pay or retirement distribution payment ........................................ $

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**

Return 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
Withholding Certificate for Pension or Annuity Payments

Form W-4P
Department of the Treasury Internal Revenue Service

Your first name and middle initial

Last name

Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

Claim or identification number (if any) of your pension or annuity contract

Complete the following applicable lines.

1. Check here if you do not want any federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) □

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

   Marital status: □ Single □ Married □ Married, but withheld at higher Single rate.

   (Enter number of allowances.)

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

Your signature ▪

Date ▪

N/A
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 ________________________________ (Full Name)

2. Social Security Number ____________________________

3. Participant Home Address ___________________________

__________________________ (City, State and Zip Code)

4. Daytime Phone Number ____________________________

5. Financial Institution’s Name _________________________

6. Account Type
   □ Checking   □ Saving   □ Other _________________________

7. Basic Information
   □ Checking   □ Saving   □ Other _________________________
         (Bank Routing Number)       (Account Number)

Please attach a VOITED CHECK (For checking account only). This check must be imprinted with the name and address. We cannot accept starter checks, deposit slips or computer generated Direct Deposit Authorization forms from your bank. If the type of bank account elected is other than checking, or if you only have starter checks, then you must include a letter from the bank, or a bank statement, signed by a bank official that includes your name, address, bank account number and routing number.

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 VOITED 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