



RETIREMENT APPLICATION PACKET INFORMATION

VCERA's Retirement Application Packet includes several forms that must be completed and returned within 60 days of your intended date of retirement. Your Application for Retirement may be delivered to VCERA by mail or in person, but please schedule an appointment with a VCERA Benefits Specialist to submit your application if you have questions at that time.

If you are a reciprocal member, contact your reciprocal retirement system(s) at least 90 days prior to your retirement date. All service credit purchases must be paid in full prior to your retirement date. If you are eligible to have vacation/annual leave redemptions included in your retirement calculation, redemptions must be completed prior to your last pay period in order to be included. Contact your employer's Human Resources representative no later than 6 weeks before retiring to submit your notice of intention to retire; VCERA cannot calculate your retirement benefit until your department removes you from payroll.

Application for Retirement

Complete all sections on this form. Your retirement date must be **after** your employment terminates. In most cases, this is the day after your last day compensated. Make sure you fully understand all available retirement options before making your election. Once you receive your first benefit payment, you cannot change your election. Your spouse/registered domestic partner (if applicable) also needs to sign the application. You must include a photocopy of the following documentation:

- Proof of your birth (birth certificate or passport).
- Official certificate of marriage or domestic partnership registration, if applicable.
- Proof of birth for your spouse or registered domestic partner, if applicable.

NOTE: Most birth and marriage certificates can be ordered at www.vitalchek.com. Also, having an unresolved dissolution of marriage or domestic partnership could delay the processing of your retirement. Please notify VCERA of community property claims well in advance of submitting your Retirement Application Packet.

Beneficiary Designation Form

Complete this form by designating a primary beneficiary(ies) and, if applicable, a contingent beneficiary(ies). A contingent beneficiary will receive a VCERA benefit only if you have no living primary beneficiary at your death. You may name a person, trust, estate or organization as a beneficiary. After retirement, keep your beneficiary information up to date by completing a new Beneficiary Designation Form, available at www.vcera.org.

Federal W-4P California DE 4P Tax Withholding Forms

Refer to the enclosed Taxation of Your Retirement Benefit guide before completing the Federal W-4P and California DE 4P tax withholding forms. VCERA is unable to withhold income taxes for any state other than California. Make sure your benefit, after other deductions, is large enough to cover the amount you want withheld. If it is not, one or more of your payroll deductions could be automatically discontinued. *If you do not make an election, federal tax will be withheld based on the filing status of single with no adjustments. If you reside in California, California state tax will be withheld based on the filing status of married with three allowances.* After retirement, you can change your tax-withholding election by completing a new form, available at www.vcera.org.

Direct Deposit Authorization Form

Complete this form to establish direct deposit with your financial institution. Your first retirement check will be mailed or direct deposited 30-60 days after your date of retirement, although certain factors, such as reciprocity, could cause a delay. VCERA will send you a confirmation letter stating when to expect your first benefit payment. Subsequent benefit payments will be direct deposited on the last business day of each month. After retirement, your direct deposit can be changed by completing a new Direct Deposit Authorization Form, available on the VCERA website. A schedule of retiree paydays is available at www.vcera.org.

OTHER IMPORTANT INFORMATION

Supplemental Benefits

You may be eligible to receive a supplemental benefit of \$108.44 per month in addition to your monthly retirement benefit. To be eligible, you must have joined VCERA before 2006 or you must be vested (i.e., five years of eligible VCERA service), excluding reciprocal service, at the time of retirement. Your eligible survivor will receive 100% of your supplemental benefit in addition to his/her monthly continuance benefit. Supplemental benefits are not eligible for cost-of-living adjustments.

Post-Retirement Employment

After retiring with VCERA, you can work for an employer that does *not* participate in VCERA without affecting your retirement benefit. However, if you want to return to work for the County of Ventura, Ventura County Superior Court or a participating district, several legal requirements will apply, including CalPEPRA code section 7522.56 and Internal Revenue Code 401(a). Please refer to the enclosed Retiree Return-to-Work Flowchart for additional information.

Deferred Compensation

For information on your Ventura County 401(k) and 457 plans, contact Fidelity at (800) 343-0860 or the Ventura County Human Resources Department at (805) 654-2620 or deferred.compensation@ventura.org.

Change of Address, Marital Status, or Name

For the protection of your account and benefit payments, it is important to keep your information current with VCERA. Your benefit payments could be suspended if communications from VCERA are repeatedly returned due to an incorrect address. If you move, update your address with VCERA. If your marital status changes, you may need to designate a new beneficiary, update your tax withholding and/or change your name. Please return your change form(s) with any required legal documentation. Lastly, to avoid overpaying benefits, your beneficiary should notify VCERA as soon as possible when you pass away.

VOLUNTARY DEDUCTIONS

The following deductions are optional and, with your approval, can be taken from your monthly retirement benefit. To start, change or stop a voluntary deduction, you must directly contact the applicable agency(ies).

Medical Insurance

Contact your Retiree Healthcare Coordinator 60 days prior to your retirement date to obtain eligibility guidelines:

- Ventura County Human Resources: (805) 662-6791
- Ventura County Deputy Sheriffs' Association: (805) 639-9218
- Ventura County Firefighters' Association: (805) 484-8844
- Ventura Regional Sanitation District: (805) 658-4645

REAVC

The Retired Employees Association of Ventura County (REAVC) is an organization comprised of retirees from the County of Ventura and participating districts. If you join, you can authorize REAVC's monthly membership dues to be deducted from your VCERA benefit. Membership applications are available at www.reavc.org.

Other Deductions

- United Way of California: (805) 485-6288 or info@vcunitedway.org
- Health Care Foundation for Ventura County: (805) 652-3361
- SEIU Local 721: (877) 721-4968
- Pacific Group Agencies: (800) 511-9065
- CalPERS Long-Term Care Insurance: (800) 982-1775
- VSP Vision Plan: (800) 400-4569

RETIREE RETURN-TO-WORK FLOWCHART

Retiree wants to return to work

EXTRA-HELP OR CONTRACT

Retirees may return to work for a VCERA employer as an Extra-Help or contract employee, up to max of 120 days or 960 hours in a fiscal year

ELIGIBILITY RULES (PEPRA §7522.56)

Retiree needs *bona fide separation from service* (IRC §401(a) Distribution Restrictions):

General member returning to any position:
180-day separation ("sit-out period")

Safety member returning to General position:
180-day separation

Safety member returning to Safety position:
no separation limit if employee is age 50+,
but 60-day separation if employee is < age 50

PEPRA Exceptions

&

IRS Exceptions

Appointment must be made in public meeting by governing board
AND
employer certifies appointment will fill critically needed position

60-day waiting period if retiree is under Normal Retirement Age (NRA)*
OR
No waiting period if appointment is made in "emergency situation" (G.C. §8558)

Return-to-work retirees may accept Extra-Help or contract employment if "separation from service" rules (or exceptions) are met

* Safety NRA: age 50
General NRA: age 62

Retirement benefit is **UNAFFECTED**

REGULAR EMPLOYEE

Retirees may return to work for a VCERA employer as a regular employee

A regular employee is considered a reinstated active member in VCERA

MEMBER CONTACTS VCERA TO PETITION BOARD OF RETIREMENT TO BE REINSTATED (G.C. §31680.4 and 31680.5)

IF APPROVED

Retirement benefit is **SUSPENDED**

Member begins new position and accrues new service (possibly in different benefit tier, depending on position)

When member retires again, VCERA calculates separate benefit for new period of service, then adds result to previous benefit

REINSTATEMENT CHECKLIST:

1. Written letter to Board requesting reinstatement
2. Written offer of employment from prospective employer
3. Physician statement indicating member is not incapacitated from performing job duties
4. Acknowledgement that hire date will be effective on/after pay period following Board approval to reinstate

EMPLOYEE

Retirees may work for any non-VCERA employer as an employee in any capacity

Retirement benefit is **UNAFFECTED**

Extra-Help Only: Members who have received unemployment insurance in the previous 12 months arising out of employment with a VCERA employer are not eligible to return to work for that employer in any capacity (PEPRA §7522.56).



TAXATION OF YOUR RETIREMENT BENEFIT

General Information

Retirement benefits (including certain disability retirement benefits) are generally considered taxable income under both federal and State of California income tax laws. At the time of retirement, you may elect to have federal and/or California State taxes withheld from your monthly VCERA benefit at whatever rate you choose. After retirement, you may update your election or change the amount withheld by completing and submitting a new Federal W-4P and/or California DE 4P tax withholding form.

For those who elect to have their withholding based on tax tables, taxes will not be withheld unless your taxable monthly retirement benefit exceeds the minimum amount listed on the tax table for your filing status. If you do not make an election, federal tax will be withheld based on the filing status of single with no adjustments. If you reside in California, California state tax will be withheld on the filing status of married with three allowances. You may be subject to penalties assessed by the Internal Revenue Service if you do not have sufficient taxes withheld.

VCERA does not withhold state income taxes for any state other than California. If you live outside of California, no California state taxes will be withheld.

Taxable Amount of Your Benefit

The taxable portion of your retirement benefit will be calculated using the Internal Revenue Service's Simplified Method ("Special Rule"). Under this method, a retiree has a certain number of years to recover after-tax retirement contributions, a calculation based on his/her age or the combined ages of the retiree and eligible continuance beneficiary. Any post-tax contributions will be amortized and recovered over a specified number of benefit payments, per IRS rules.

Service-Connected Disability Retirement

If you retire with a service-connected disability retirement, a benefit amount equal to 50 percent of your final average compensation is excludable from your taxable income for federal tax purposes, as provided by Section 104(a)(1) of the Internal Revenue Code. Any cost-of-living adjustment (COLA) payments attributable to that non-taxable benefit is also excludable. Any remaining benefit amount or COLA is taxable. For questions regarding the taxation of your disability retirement benefit, you should consult with your personal tax advisor.

1099-R Tax Statement

Each year at the end of January, VCERA will mail you an IRS Form 1099-R showing the total retirement income and taxable portion paid to you during the preceding tax year. On the form, Box 1 ("Gross Distribution") contains the total amount paid to you. Box 2a ("Taxable Amount") contains the amount of your gross payments considered taxable income. Box 9b ("Total Employee Contributions") contains the balance of after-tax contributions left to recover, if any.

Additional Information

VCERA cannot provide you with tax advice regarding the taxation of your retirement benefit or federal or state tax withholding. If you have questions regarding these subjects, please contact:

- Internal Revenue Service: (800) 829-1040
- State of California Franchise Tax Board: (800) 852-5711
- Your personal tax advisor

You may also obtain a copy of Internal Revenue Service Publication 575 ("Pension and Annuity Income") or visit www.irs.gov for more information on the taxation of your retirement benefit.



APPLICATION FOR RETIREMENT

(Please type or print. Application must be submitted prior to your date of retirement.)

MEMBER INFORMATION

Last Name	First Name	M.I.	SSN (last 4 digits)
Mailing Address			Date of Birth
City	State	Zip Code	Home Phone Number
Email Address			Cell Phone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		

SPOUSE/REGISTERED DOMESTIC PARTNER INFORMATION (if applicable)

Last Name	First Name	M.I.	Social Security Number
Date of Marriage/Registration	Phone Number	Date of Birth	

RETIREMENT INFORMATION

Effective Date of Retirement	Department/Agency
Type of Retirement: <input type="checkbox"/> Regular Service Retirement <input type="checkbox"/> Service Retirement pending outcome of Disability Retirement <input type="checkbox"/> Disability Retirement: Service-Connected <input type="checkbox"/> Disability Retirement: Nonservice-Connected	
Are you aware of any pending administrative appeal, arbitration/settlements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that my voluntary retirement is irrevocable once my first benefit payment is issued; that my rights during an appeal of my employment status (e.g., grievance, arbitration, court proceeding) may be affected by my retirement; and that reinstatement to post-retirement employment with a VCERA employer is subject to the plan provisions governing reinstatement. I elect to retire with this knowledge: _____ (initials).	

RECIPROCITY (if applicable)

You must file a separate retirement application at each reciprocal agency using the same retirement date on all applications.

Reciprocal Agency

ELECTION OF HIGHEST CONSECUTIVE MEASUREMENT PERIOD

<input type="checkbox"/> I hereby authorize VCERA to identify my highest consecutive measurement (FAC) period pursuant to Government Code sections 31462, 31462.1, 7522.10, 7522.34 and 7522.42 for determining the total <i>compensation earnable</i> or <i>pensionable compensation</i> to be used in the final calculation of my monthly retirement benefit.

BENEFIT PAYMENT OPTIONS

Each retirement option listed below will affect your monthly retirement benefit amount differently, but in all cases your benefit will be paid throughout your lifetime. The survivor benefits available to your eligible beneficiary(ies) may also be impacted by your election. Upon receipt of your first benefit payment, your retirement option becomes irrevocable, so consider your choices carefully. Do not make an election until you are satisfied that you fully understand each option. For assistance in better understanding the options below, please contact VCERA.

I elect the following retirement option (*check ONE box only*):

<input type="checkbox"/>	UNMODIFIED OPTION	A monthly benefit payable for life. A continuance of 60% (or 100% if retired for service-connected disability) is payable upon your death to an eligible surviving spouse, registered domestic partner or minor child(ren). A spouse/partner is eligible if you were married/registered at least one year prior to your retirement date (on your retirement date for service-connected disability) or if you have been married at least two years as of your date of death and your spouse is age 55 or older. If you pass away and there is no eligible surviving spouse/partner, your minor child(ren) may be eligible for a continuance until age 18 (continuing through age 21 if they remain unmarried and regularly enrolled as full-time students in an accredited school). If there is no survivor eligible for a continuance, any undistributed contributions and interest in your account will be paid to your named beneficiary(ies), which can be updated at any time. If all named beneficiaries predecease you, any benefit due will be paid to your trust or estate.
<input type="checkbox"/>	OPTION 1	A reduced monthly benefit payable for life. With this option, the contributions and interest in your retirement account are distributed at a slower rate. Upon your death, any undistributed contributions and interest in your account will be paid to your estate or to a beneficiary with an insurable interest in your life. You may update your beneficiary at any time, but you will need to complete an Insurable Interest Form, unless you designate your estate.
<input type="checkbox"/>	OPTION 2*	A reduced monthly benefit payable for life. Upon your death, the beneficiary you name at retirement will receive a continuance of up to 100%, payable for life. The amount of your monthly benefit will be affected by the age of your continuance beneficiary. Once designated, you may not change your beneficiary for any reason. If your beneficiary predeceases you, the continuance is not transferable to another person. If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.
<input type="checkbox"/>	OPTION 3	A reduced monthly benefit payable for life. Upon your death, the beneficiary you name at retirement will receive a continuance of 50%, payable for life. The amount of your monthly benefit will be affected by the age of your continuance beneficiary. Once designated, you may not change your beneficiary for any reason. If your beneficiary predeceases you, the continuance is not transferable to another person. If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.
<input type="checkbox"/>	OPTION 4*	A reduced monthly benefit payable for life. Upon your death, the beneficiary(ies) you name at retirement will receive a continuance totaling up to 100%, payable for life, and you specify the percentage each person will receive. The amount of your monthly benefit will be affected by the age of your youngest continuance beneficiary. Once designated, you may not change your beneficiary(ies) for any reason. If your beneficiaries predecease you, the continuance is not transferable to another person. If one of your beneficiaries dies, his or her benefit is not distributed among the remaining beneficiary(ies). If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.

* Internal Revenue Service Code 401(a)(9) contains rules and regulations that may reduce the maximum continuance benefits payable under Option 2 or Option 4 if there is an "adjusted age difference" of more than 10 years with a non-spouse beneficiary.

You must elect one of the five retirement options above.

The "Level Income Option" described below is independent of the five retirement options.

<input type="checkbox"/>	LEVEL INCOME OPTION	Election of an increased monthly VCERA benefit before age 62 based on your estimated Social Security benefit at age 62. At age 62, your monthly VCERA benefit will be significantly reduced for life by an actuarially determined amount, regardless of whether you apply for your Social Security benefit. This option cannot be chosen if you are age 62 or older at retirement, if you will not be eligible for a Social Security benefit in the future, or if you are retiring with a disability. <i>Please provide VCERA with your most recent Earnings & Benefit Statement from Social Security.</i>
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MEMBER AUTHORIZATION

I wish to receive my monthly retirement benefit from the Ventura County Employees’ Retirement Association (VCERA) in the payment form elected under the Benefit Payment Options section of this application. I acknowledge that I have been informed of all termination options, including the option to withdraw contributions. I understand that I may make changes to the elections made in this application, including my effective date of retirement and retirement option, at any time prior to receiving my first monthly benefit payment from VCERA. I understand that once I begin receiving a monthly retirement benefit, my election of the retirement option is binding and may not be changed for any reason.

I understand that it is my responsibility to notify my employer’s Human Resources department about my retirement. I also understand that my retirement will not be processed until my separation paperwork has been processed by my employer. I certify that I have not entered into a pre-determined agreement (either written or unwritten) to return to work with the County of Ventura or a participating district after my retirement. I understand that under IRS rules and regulations, I am not eligible for retirement benefits unless I have a “bona fide separation from service” with my employer, which means I must be separated for the number of days indicated on the enclosed Retiree Return-to-Work Flowchart, unless an exception applies. If I am under Normal Retirement Age, I agree that, if the VCERA Board of Retirement determines that I have not had a “bona fide separation from service,” my retirement benefit will be suspended until I have terminated employment and 1) met “bona fide separation from service” requirements or 2) attained Normal Retirement Age, as established by VCERA in its retirement regulations. I also understand that if I return to active service with the County of Ventura or a participating district, my monthly retirement benefit will be suspended on the day prior to my rehire date.

I have been provided estimates of the retirement benefits that would be payable to me under the retirement options applicable to me as well as information regarding survivor benefits to my beneficiary(ies). I have also read and understand the Retirement Application Information document included in the retirement packet.

In the event that an error is discovered in the calculation of my benefits after I retire, I agree that VCERA may adjust my monthly retirement benefit prospectively to reflect the accurate calculation of my benefit. I further agree to return any overpaid benefits that were mistakenly disbursed to me by VCERA, including but not limited to VCERA reducing my monthly retirement benefit until full recovery of the overpaid amount, following an advance notice to me.

Member Signature	Date
Spouse/Domestic Partner Signature (if applicable)**	Date

*** If you do not have a spouse/domestic partner, please indicate “Not Applicable” or “N/A” in the Spouse/Domestic Partner Signature line. If you do have a spouse/domestic partner who is unable to sign, you must indicate a reason on the Declaration for Absence of Spouse or Registered Domestic Partner on the next page.*

- You must include a photocopy of the following documentation:**
- Proof of your birth (copy of birth certificate or passport)
 - Official certificate of marriage or domestic partnership (if married or in registered domestic partnership)
 - Proof of birth for your spouse or registered domestic partner (if married or in registered domestic partnership) or your Option 1, 2, 3 or 4 beneficiary, who has an insurable interest in your life

DECLARATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

If your spouse or registered domestic partner is unable to sign the retirement application on page 3, you must provide a reason below. Check all boxes that apply. Please note that VCERA may require you to supply documentation verifying your selection(s).

- 1. I am not legally married or in a registered domestic partnership because:
 - I have never been married or registered with the Secretary of State under a domestic partnership.
 - I am divorced, annulled or my registered domestic partnership terminated on _____
Date
 - My spouse or registered domestic partner passed away on _____
Date

- 2. I am married or have a registered domestic partner. However, my spouse or domestic partner did not sign this form because:
 - My current spouse or domestic partner has no identifiable community property interest in any VCERA benefits earned through my employment.
 - I do not know the whereabouts of my current spouse or domestic partner, and I have taken all reasonable steps to determine his or her whereabouts.
 - My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement.
 - My current spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition.
 - My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement that makes the community property law inapplicable to the marriage or partnership.

Please provide the name of your spouse or domestic partner, if applicable: _____
Name of Spouse or Domestic Partner



INSTRUCTIONS FOR BENEFICIARY DESIGNATION FORM

SECTION 1: MEMBER INFORMATION

- Complete section completely.

SECTION 2: BENEFICIARY DESIGNATION

- It is important to keep your designation(s) current to simplify the payment process to your beneficiary(ies).
- Your designation will be valid until the date you file a new Beneficiary Designation Form with VCERA.
- You may name a person, trust, estate or charitable organization as a beneficiary.
- A **Primary Beneficiary** will receive a VCERA benefit upon your death. If a primary beneficiary predeceases you, his/her portion of the benefit will be divided among your remaining primary beneficiaries, unless you designate otherwise on this form.
- A **Contingent Beneficiary** will receive a VCERA benefit if you have no living primary beneficiaries at your death. If all beneficiaries predecease you, any benefits due will be paid to your estate, unless you designate otherwise on this form.
- If you name more than one person in either category, please indicate what percentage of the benefit each individual is to receive. Percentages for each category must total 100% and must be whole numbers, such as 33%, not 33.33% or 1/3.

SECTION 3: NAMING A TRUST

- Only complete section if you are naming a trust as your beneficiary. Please provide all pages of your trust.

SECTION 4: DEATH BENEFIT DESIGNATION (RETIREES ONLY)

- A retired member can designate any “death benefit beneficiary”—even someone not named in Section 2—to receive a one-time, lump-sum \$5,000 death/burial benefit after the member dies.

SECTION 6: REQUIRED SIGNATURES

- You and, if applicable, your spouse or registered domestic partner must sign and date the form.

DEATH BENEFIT ELIGIBILITY AND OPTIONS

- **ACTIVE MEMBERS:** Benefits will depend on years of retirement service, whether the death was nonservice-connected or service-connected, and if there was an eligible spouse, registered domestic partner or minor child(ren).
- **DEFERRED MEMBERS:** There is a one-time, lump-sum payment equal to the contributions and interest in the member’s VCERA account. Additional options may be available if outbound reciprocity applied.
- **RETIRED MEMBERS:** The \$5,000 death/burial benefit may be reduced for members with outgoing reciprocity. Also, an eligible beneficiary of a deceased retired member may receive a monthly retirement benefit, payable for life, based on the retirement option elected at retirement. Each option provides a different “continuance benefit” percentage to the beneficiary(ies). For more information, visit www.vcera.org or contact VCERA.

LAWS GOVERNING DESIGNATION OF BENEFICIARIES

- The rights and claims of your eligible surviving spouse, registered domestic partner or minor child(ren) to receive a retirement benefit may be superior to and supersede the rights and claims of any other named beneficiary. Under certain circumstances, minor children may have superseding rights to registered domestic partners.
- If you are retired and have a spouse or registered domestic partner, please submit proof of State registration of marriage or domestic partnership and a copy of your spouse/partner’s birth certificate. These documents will be required prior to processing death benefits.
- Upon dissolution or termination of a marriage or domestic partnership, the beneficiary designation of your former spouse or registered domestic partner (RDP) made prior to the dissolution or termination is automatically revoked. A new Beneficiary Designation Form must be completed. However, you may name a former spouse or RDP as a beneficiary, provided the new form is signed after the date of dissolution or termination. If a new form is not completed, any death benefits due will be paid to your contingent beneficiary(ies) or, if there is none, to your estate.



BENEFICIARY DESIGNATION FORM

SECTION 1: MEMBER INFORMATION

Last Name		First Name		M.I.	SSN (last 4 digits) or VCERA ID
Home/Mailing Address		Home Phone Number		Cell Phone Number or Email Address	
City		State		Zip Code	Birth Date
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Member Type: <input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced* <input type="checkbox"/> Legally Separated		

* Provide copy of your Judgment of Dissolution and Marital Settlement Agreement, if available.

SECTION 2: BENEFICIARY DESIGNATION

Please indicate the individual(s) you wish to name as your primary and contingent beneficiary(ies) to receive a post-death retirement benefit or payout. For complete instructions on designating beneficiaries, see page 3. **“Primary” percentages must total 100%. If applicable, “Contingent” percentages must also total 100%. Do not use decimals or fractions.**

Beneficiary Type: <input type="checkbox"/> Primary	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

SECTION 3: NAMING A TRUST

If naming a trust, please attach the full trust document. Indicate below if the trust is a primary or contingent beneficiary. A trust is not eligible to receive a continuance of your monthly retirement benefit, if applicable.

Name of Trust	Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Name of Successor Trustee (Last Name, First Name, M.I.)	Home Phone Number	Cell Phone Number or Email Address
Mailing Address	City	State Zip Code

To list additional beneficiaries in Section 2 or Section 3, attach a separate page (signed and dated) that supplies the same beneficiary information requested above.



SECTION 4: DEATH BENEFIT DESIGNATION (RETIREES ONLY)

A separate beneficiary may be named below to receive a \$5,000 lump-sum, death/burial benefit. If no beneficiary is named here, the benefit will default to your designated primary beneficiary(ies).

Last Name, First Name, M.I.	Relationship	Date of Birth	Social Security Number
Mailing Address	City	State	Zip Code
Home Phone Number	Cell Phone Number or Email Address		

SECTION 5: DECLARATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

If your spouse or registered domestic partner is unable to sign this Beneficiary Designation Form (see Section 6), you must provide a reason below. Check all boxes that apply. Please note that VCERA may require you to supply documentation verifying your selection(s).

1. I am not legally married or in a registered domestic partnership because:

- I have never been married or registered with the Secretary of State under a domestic partnership.
- I am divorced, annulled or my registered domestic partnership terminated on _____ Date
- My spouse or registered domestic partner passed away on _____ Date

2. I am married or have a registered domestic partner. However, my spouse or domestic partner did not sign this form because:

- My current spouse or domestic partner has no identifiable community property interest in any VCERA benefits earned through my employment.
- I do not know the whereabouts of my current spouse or domestic partner, and I have taken all reasonable steps to determine his or her whereabouts.
- My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement.
- My current spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition.
- My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement that makes the community property law inapplicable to the marriage or partnership.

Please provide the name of your spouse or domestic partner, if applicable: _____
 Name of Spouse or Domestic Partner

SECTION 6: REQUIRED SIGNATURES

Beneficiary information is not valid without the member's signature. If you are not married or in a registered domestic partnership, please indicate "Not Applicable" or "N/A" in the Spouse/Domestic Partner Signature line. If you are married or in a registered domestic partnership and your spouse/partner is unable to sign, you must indicate a reason on the *Declaration* in Section 5 above. This form replaces all prior VCERA beneficiary designations.

Member Signature	Date
Spouse/Domestic Partner Signature	Date



DIRECT DEPOSIT AUTHORIZATION FORM

Last Name	First Name	M.I.	SSN (last 4 digits)
Mailing Address			
Phone Number	Payee Type: <input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee		

Complete this form to authorize VCERA to deposit your monthly retirement benefit electronically to your designated U.S. financial institution(s). Your net benefit amount will be deposited on the last business day of the month, excluding weekends and holidays. Monthly earning statements are available at <https://myadp.com>. First-time users must register using registration code VCERA1-ONLINE. A new direct deposit authorization request may trigger a one-time physical check in the mail before direct deposit resumes. *VCERA cannot establish direct deposit with foreign financial institutions.* To stop or decline direct deposit, check the applicable box below and sign at the bottom.

DIRECT DEPOSIT REQUEST

<input type="checkbox"/> Start: Start the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> Change: Change the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> Stop: Stop the direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.
<input type="checkbox"/> Decline: Decline direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.

I authorize VCERA and the financial institution(s) listed below to deposit my monthly retirement benefit payment automatically each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. I understand and agree that my direct deposit may be stopped if I fail to keep VCERA informed of my current address. I attest that I am named on the account(s) indicated below in accordance with VCERA policy.

Member Signature	Date
------------------	------

FINANCIAL INSTITUTION #1

Institution Name		Phone Number	
Mailing Address		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ABA Routing Number	Account Number	Deposited Amount: <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount: \$ _____	

FINANCIAL INSTITUTION #2 (optional)

Institution Name		Phone Number	
Mailing Address		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ABA Routing Number	Account Number	Deposited Amount: <input type="checkbox"/> Net Balance	

PLEASE ATTACH A VOIDED CHECK (CHECKING) HERE

or provide a letter from your financial institution displaying the ABA routing number and account number.



SEIU & CNA COLA CONTRIBUTIONS DISTRIBUTION FORM

Name		Social Security Number/Tax ID
Mailing address		Telephone Number
City	State	Zip Code

You have the option to withdraw all or part of your SEIU COLA contributions or your CNA COLA contributions. Your COLA contributions are used to fund a 2% cost-of-living adjustment on eligible COLA service on April 1 each year after you retire. SEIU and CNA COLA contributions include your taxable and nontaxable COLA contributions plus interest credited to those contributions.

If you elect to withdraw 100% of the contributions you have made to the COLA fund, *you will not receive an increase in your monthly retirement benefit.* For SEIU members, this applies to any eligible service rendered on or after March 16, 2003. However, you will still be eligible to receive an annual COLA on service rendered from March 16, 2003 to March 12, 2005. For CNA members, this applies to any eligible service rendered on or after June 25, 2023.

If you elect to withdraw less than 100% of the contributions you have made to the COLA fund, the period of service that will be eligible for COLAs after you retire will be reduced accordingly. For example, if you have made COLA contributions for two years and withdraw one-half of your contributions, you will receive an annual COLA on the remaining one year of covered service.

Select one of the following options:

- I elect **NOT** to receive a refund of my COLA contributions.
- Cash Distribution:** I elect to withdraw _____ % of my taxable and non-taxable COLA contributions. A lump sum payment will be paid directly to me.
- Full or Partial Rollover Distribution:** I elect to withdraw and roll over all or a portion of my COLA contributions. I certify that my Designated IRA/Plan is eligible to receive and will accept a rollover of any taxable and nontaxable amounts on my behalf. The information for my IRA/Plan must be provided below in order for my request to be processed. I acknowledge that it is my responsibility to maintain records of the total amount of nontaxable contributions rolled over. *Rollovers are not allowed if you are over age 73.*

Taxable Rollover Amount: _____ (enter dollar amount or percentage)

If 100% of the taxable amount is being rolled over, you may also elect a nontaxable rollover amount, if your Designated IRA/Plan is eligible to receive nontaxable dollars. Otherwise, VCERA will pay any nontaxable amount directly to you.

Nontaxable Rollover Amount: _____ (enter dollar amount or percentage)

If you have indicated a rollover amount of less than 100%, the remaining balance will be paid directly to you as a cash distribution.

Tax Withholding

If the taxable amount not rolled over exceeds \$200.00, VCERA is required by law to withhold federal income tax. Federal income tax withholding of 20% is mandatory. If you would like more than 20% of the taxable amount withheld for federal income tax, please complete and return Form W-4R, which is available at www.vcera.org.

If you reside in California, state law requires taxes to be withheld unless you elect taxes not be withheld. State tax is 10% of the federal income tax withholding (i.e., 2% of the total taxable distribution). If you do not want to have California state taxes withheld from your distribution, please indicate so by checking the box below.

No, do not withhold State of California income tax

For Roth IRA only: Federal income tax withholding is optional. If you would like federal tax withheld from the taxable portion of the Roth IRA rollover, please indicate the percentage or dollar amount to be withheld: _____.

Member Authorization and Signature

By signing below, I acknowledge that I received a copy of the Special Tax Notice Regarding Plan Payments from VCERA. I understand that I have the right to consider whether to elect a direct rollover distribution for at least 30 days from the date I received the Special Tax Notice. If I elected on this form to withdraw COLA contributions, VCERA will not process my request until at least 30 days after receipt of the Special Tax Notice.

Waiting Period Waiver (optional): I elect to waive my 30-day waiting period for considering whether to elect a direct rollover distribution. VCERA is authorized to distribute any amounts elected above as soon as administratively possible.

Member Signature	Date
Spouse / Domestic Partner Signature (if applicable)	Date

Required Rollover Information (if you are electing a rollover): The Rollover Institution/Plan must complete the following section. Alternatively, a letter from the Rollover Institution/Plan containing this information may be attached.

Type of Plan: Traditional IRA Roth IRA Other: _____

Name of Institution or Rollover Plan		Institution/Rollover Plan Tax ID	
Institution/Rollover Plan Mailing Address	City	State	Zip Code
Name (Please Print) of Institution/Plan Representative	Telephone Number	Account Number	
Signature of Institution/Plan Representative		Date	

Mail check directly to the rollover institution. (If no option is elected, check will be mailed directly to the rollover institution.)

Mail check to me so that I can personally deliver it to the rollover institution.

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits . . . \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$ _____	3	\$
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Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Withholding Certificate for Pension or Annuity Payments

First, Middle, Last Name	Social Security Number
Home Address (Number and Street or Rural Route)	Claim or Identification Number (if any) of Your Pension or Annuity Contract
City	State ZIP Code

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
 - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a _____
 - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b _____

Single or Married (with two or more incomes)
 Married (one income)
 Head of Household
3. I want the following additional amount withheld from each pension or annuity payment. Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above. ▶ \$ _____
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$ _____

Your Signature ▶ _____ Date ▶ _____

----- **Cut Here** -----

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

Purpose of Form: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.

This form DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
 - (a) The number of allowances and marital status specified.
 - (b) A designated dollar amount.
- (4) Change or revoke the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Includable in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.

- (3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

Completing the Form: Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding

Allowances: If you want withholding to be based on a specified number of allowances, write the number on line 2, and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

Line 3, Multiple Pensions or More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line (in lieu of claiming withholding allowances).

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

Worksheet A

Regular Withholding Allowances

- | | |
|---|-----------|
| A) Allowance for yourself — enter 1 | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| E) Allowances for dependents — do not include yourself or your spouse | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P | (F) _____ |

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances.

Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

- | | |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. \$ _____ |
| 2. Enter \$10,726 if unmarried head of household or qualifying widow(er) with dependents.
\$10,726 if married filing jointly with two or more allowances.
\$5,363 if single, dual income, married, or married with multiple employers.
\$5,363 if married filing separately or married with "0" or "1" allowance. | |
| 3. Subtract line 2 from line 1, enter difference. | 3. \$ _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. \$ _____ |
| 5. Add line 4 to line 3 and enter the sum. | 5. \$ _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. \$ _____ |
| 7. If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference. | 7. \$ _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number.
Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed. | 8. _____ |
| 9. If line 6 is greater than line 5,
enter amount from line 6 (nonwage income). | 9. \$ _____ |
| 10. Enter amount from line 5 (deductions). | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference. | 11. \$ _____ |

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the [Family Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2024. 1. _____
2. Enter estimate of nonwage income from line 6 of Worksheet B. 2. _____
3. Add line 1 and line 2 and enter the sum. 3. _____
4. Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest. 4. _____
5. Enter adjustments to income from line 4 of Worksheet B. 5. _____
6. Add line 4 and line 5 and enter the sum. 6. _____
7. Subtract line 6 from line 3 and enter the difference. 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedules below. 8. _____
9. Enter personal exemptions from line F of Worksheet A x \$158.40. 9. _____
10. Subtract line 9 from line 8 and enter the difference. 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability. 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2024. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld. 14. _____
15. Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P. 15. _____

Note: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2024 Only

**Single Persons, Dual Income
Married or Married with Multiple Employers**

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$10,412	1.100%	\$0	\$0.00
\$10,412	\$24,684	2.200%	\$10,412	\$114.53
\$24,684	\$38,959	4.400%	\$24,684	\$428.51
\$38,959	\$54,081	6.600%	\$38,959	\$1,056.61
\$54,081	\$68,350	8.800%	\$54,081	\$2,054.66
\$68,350	\$349,137	10.230%	\$68,350	\$3,310.33
\$349,137	\$418,961	11.330%	\$349,137	\$32,034.84
\$418,961	\$698,271	12.430%	\$418,961	\$39,945.90
\$698,271	\$1,000,000	13.530%	\$698,271	\$74,664.13
\$1,000,000	and over	14.630%	\$1,000,000	\$115,488.06

Married Persons

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,824	1.100%	\$0	\$0.00
\$20,824	\$49,368	2.200%	\$20,824	\$229.06
\$49,368	\$77,918	4.400%	\$49,368	\$857.03
\$77,918	\$108,162	6.600%	\$77,918	\$2,113.23
\$108,162	\$136,700	8.800%	\$108,162	\$4,109.33
\$136,700	\$698,274	10.230%	\$136,700	\$6,620.67
\$698,274	\$837,922	11.330%	\$698,274	\$64,069.69
\$837,922	\$1,000,000	12.430%	\$837,922	\$79,891.81
\$1,000,000	\$1,396,542	13.530%	\$1,000,000	\$100,038.11
\$1,396,542	and over	14.630%	\$1,396,542	\$153,690.24

Unmarried Head of Household

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
\$0	\$20,839	1.100%	\$0	\$0.00
\$20,839	\$49,371	2.200%	\$20,839	\$229.23
\$49,371	\$63,644	4.400%	\$49,371	\$856.93
\$63,644	\$78,765	6.600%	\$63,644	\$1,484.94
\$78,765	\$93,037	8.800%	\$78,765	\$2,482.93
\$93,037	\$474,824	10.230%	\$93,037	\$3,738.87
\$474,824	\$569,790	11.330%	\$474,824	\$42,795.68
\$569,790	\$949,649	12.430%	\$569,790	\$53,555.33
\$949,649	\$1,000,000	13.530%	\$949,649	\$100,771.80
\$1,000,000	and over	14.630%	\$1,000,000	\$107,584.29

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States
1-800-852-5711 (Voice)
1-800-822-6268 (TTY)

If you are calling from outside the United States
 1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of [Title 22, California Code of Regulations](#) (govt. westlaw.com/calregs/Search/Index), section 4340-1, and the [California Revenue and Taxation Code](#) (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

