



Withholding Certificate for Monthly Pension or Annuity Payments

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Check One: TRS ERS JRF MRS SNU

Your Information

Name _____
First Middle/Maiden Last

Mailing Address _____
Street or P.O. Box Apt.# City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Check One: Retiree Beneficiary of Deceased Retiree or Member

If you are a beneficiary, please provide the following for the deceased retiree or member.

Name _____ SSN _____

Withholding Information

If you do not complete this information, we are required to withhold as if you are a married individual claiming three exemptions.

Personal income tax questions should be directed to your tax advisor, accountant, or Internal Revenue Service Center.

Choose **one** of the withholding options below:

- I do not want to have federal withholding tax deducted from my monthly pension or annuity. I realize that I am liable for payment of federal income tax on the taxable portion of my pension or annuity and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. **(Sign the form and return to the RSA. Do not complete any other areas of this form.)**
- I want to have federal withholding tax calculated using my marital status and the number of exemptions claimed. **You must complete both lines A and B.**
 - Marital Status Single Married Married, but withhold at a higher Single rate
 - Total Exemptions Claimed: _____ (if blank, the RSA will assume zero (0))
- I want the following additional amount withheld from each pension or annuity payment. **For periodic payments, you can not enter an amount here without entering the Marital Status on line A, and the number, including zero (0), of an allowance on line B.**

\$ _____

- Marital Status Single Married Married, but withhold at a higher Single rate
- Total Exemptions Claimed: _____ (if blank, the RSA will assume zero (0))

Signature Certification

Sign Here → Your Signature _____ Date _____