



# 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 \_\_\_\_\_