COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
30 N 3RD STREET
SUITE 150
HARRISBURG, PA 17101-1716
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us

ANNUITANT FEDERAL INCOME TAX WITHHOLDING

Name : First Mi. Last	Your SSN:	Check which applies: ☐ Retired Member ☐ Member's Survivor ☐ Alternate Payee ☐ POA**
Street Address	Telephone: ( ) -	
City State Zip	County Name:	

Member Name : First Mi. Last	Member SSN :

FEDERAL INCOME TAX WITHHOLDING INFORMATION — Make a Selection

☐ I ***do not want*** any Federal Income Tax withheld from my monthly annuity check.

☐ I would like Federal Withholding Tax withheld from my monthly annuity check as indicated below.

Number of Allowances	Marital Status	Additional Withholding (Optional) Also complete Allowances and Marital Status blocks.
_____ 0 - 9	☐ Single ☐ Married	$_____ . ____ *Additional amount to be withheld from each monthly check.*

Comments

I hereby certify with my signature that the information listed above is true and accurate and I authorized the State Employees' Retirement System (SERS) to adjust my annuity check in accordance to my selection in the Federal Income Tax Withholding section.

_____ Signature

_____ Date

**Power of Attorney authorization is not recognized until the appropriate documents have been filed with and approved by the SERS legal department.