# Certificate of Tax Withholding Preference or Tax Withholding Change

*Please print clearly in black ink.*

## Section 1 – Member Information

<table>
<thead>
<tr>
<th>First and middle names</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (street number, street name and apartment number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Home phone number (area code and number)</th>
<th>Social Security number (4 last digits only)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Section 2 – Federal Tax Withholding Status and Exemptions

**Withholding status (check one):**

- [ ] Married
- [ ] Single

**Number of exemptions claimed:**

[Blank]

## Section 3 – Federal Tax Withholding Preference (check one)

- [ ] I do not wish to have federal taxes deducted from my monthly pension payment.
- [ ] I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- [ ] I wish to have ERSRI determine the amount, if any, of federal taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ ______ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- [ ] I wish to have ERSRI withhold a total amount of \$ ______ from each monthly pension payment.

## Section 4 – RI State Income Tax Withholding Preference (check one)

- [ ] I do not wish to have Rhode Island state taxes deducted from my monthly pension payment.
- [ ] I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above.
- [ ] I wish to have ERSRI determine the amount, if any, of Rhode Island state taxes to be withheld from my monthly pension payment in accordance with the applicable tax tables using the marital status and exemptions indicated above. I wish to have an additional \$ ______ withheld from each monthly pension payment in addition to the amount to be withheld on the basis of withholding status and exemption indicated above.
- [ ] I wish to have ERSRI withhold a total amount of \$ ______ from each monthly pension payment.
CERTIFICATE OF TAX WITHHOLDING PREFERENCE
OR TAX WITHHOLDING CHANGE

Section 5 – Member’s statement and signature

I, the undersigned, hereby authorize the Employees’ Retirement System of Rhode Island (ERSRI) to adjust my tax withholding as indicated above.

I understand my request to change tax withholding, if received by ERSRI after the 15th of the month, may not be reflected until the following month.

[Signature]

Member signature

[Date]

M M D D Y Y Y Y

Date of signature

Please forward this completed form, dated and signed, to the following address:

Employees’ Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org