



**Employees' Retirement
System of Rhode Island**

**CERTIFICATE OF TAX WITHHOLDING PREFERENCE
OR TAX WITHHOLDING CHANGE**

Please print clearly in black ink.

Section 1 - Member information

<input type="text"/>		<input type="text"/>	
First and middle names		Last name	
<input type="text"/>			
Address (street number, street name and apartment number)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip code	
<input type="text"/>	<input type="text"/>		
Home phone number (area code and number)		Social Security number (4 last digits only)	

Section 2 - Federal tax withholding status and exemptions

Withholding status (check one): Married Single

Number of exemptions claimed: _____

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.



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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.

Member signature

____|____|____|____|____|____|____|____|

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