

Please print clearly in black ink.

Section 1: Member information

First Name MI Last Name

Address

Address

City State ZIP

Telephone Number SSN (last 4 digits only)

Section 2: RI State tax withholding status and allowances

Benefit type (check one): Married Single

Number of allowances claimed: _____

Section 3: RI State income tax withholding preference (check only one)

I do not wish to have Rhode Island State taxes withheld from my monthly pension statement.

Withhold Rhode Island State taxes (if any) from my monthly pension payment in accordance with the applicable tax tables using the filing status and allowances indicated above.

Withhold Rhode Island State taxes (if any) from my monthly pension payment in accordance with the applicable tax tables using the filing status and allowances indicated above, **plus** the amount I have indicated here: \$_____.

Withhold \$_____ in Rhode Island State taxes from each benefit payment.

Section 4: 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 (mm/dd/yyyy)

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

Fax: (401) 462-7691