



PERS Tier One and Tier Two Lump-Sum Distribution Withholding Election

This form is strictly for the PERS Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		E-mail (optional)

Section B: Federal tax withholding

Federal law requires PERS to withhold 20 percent from the taxable amount of your payment.

If you want to have **more than the 20 percent federal tax** withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

Withhold \$ _____ .00 more than the mandatory 20 percent federal tax withheld.

Section C: Oregon tax withholding


PERS will also withhold 8 percent for Oregon state tax unless you check the box in this section directing PERS not to withhold state tax.

Do not withhold Oregon state income tax (8 percent will be withheld if box is not checked).

If you want to have **more than 8 percent Oregon state** tax withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

Withhold \$ _____ .00 more than the 8 percent for Oregon state income tax.

Section D: Applicant signature

 _____
 Applicant signature (do not print) Date

 Applicant (print)

Office use only		
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.