



Tax Withholding Form for IAP Rollover-Eligible Distributions

This form is strictly for IAP members who choose a one-time or 5-year distribution.

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

 _____ Date _____
 Applicant signature (do not print)

 Applicant name (print)

| Office use only | |
|---|--|
| <input type="checkbox"/> PERS | <input type="checkbox"/> OPSRP <input checked="" 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.