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Website – <https://oregon.gov/pers>



22315

Oregon Public Service Retirement Plan (OPSRP) Lump-Sum Distribution Withholding Election

This form is strictly for the OPSRP Pension Plan. 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		Social Security number*
Mailing address (street or PO box)				PERS number (optional)	
City		State	Zip code	Country	Date of birth (mm-dd-yyyy)
Home phone number	Cell phone number		Work 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 type="checkbox"/> PERS	<input checked="" 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.