City of Detroit

☐ Legacy

GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

☐ Hybrid

PENSION NUMBER

SOCIAL SECURITY NUMBER

To the Board of Trustees, City of Detroit
General Retirement System:

I, _____, a member of the Retirement System, hereby apply for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is: Month _____ Day _____ Year _____	I request my retirement to be effective: Month _____ Day _____ Year _____
I desire my retirement allowance benefits sent to: No. _____ Street _____	My title on the payroll is:
City _____ State _____	Department employed in:

In connection with my application for retirement on _____, I request a refund of $ _____ from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

☐ STANDARD

☐ EQUATED Increased to Age _____ & Decreased Thereafter — If you selected this option please initial _____

☐ REGULAR STRAIGHT LIFE Allowance

☐ OPTION I Cash Refund Annuity

☐ OPTION 2 Joint and 100% Survivorship

☐ OPTION 3 Joint and 50% Survivorship

☐ OPTION A Joint and 75% Survivorship

☐ OPTION B Joint and 25% Survivorship

(Write plan of retirement elected) _____

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection? Yes ☐ No ☐

_____
Signature of Member

I nominate as my beneficiary:	Beneficiary's date of birth: Month _____ Day _____ Year _____	
Beneficiary's Address No. _____ Street _____	Beneficiary's place of birth:	Beneficiary's Soc Sec No:
City _____ State _____	Beneficiary's relationship to me:	Sex

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at _____ this _____ day of _____ 20 _____

_____ Signature of Witness

_____ Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____ Relationship

_____ Name of Beneficiary date of birth _____

_____ Signature of Witness Dated _____ _____ Signature of Member

C of D 9S-AP (10-96)



City of Detroit General Retirement System
Signature Card

Name _____ Pension No._____

Address_____

_____ _____

City State Zip Phone

Social Security Number _____

Signature of member _____

The above signature was executed in my presence on

_____ _____

Mo Day Year Notary Public of

My commission expires _____



GENERAL RETIREMENT SYSTEM
OF THE
CITY OF DETROIT

UNUSED SICK LEAVE DECLARATION FORM

Social Security Number _____

I, _____ , hereby elect to (select one)
Print Name

[____] Have the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

[____] Have the applicable percentage of my Unused Sick Leave On Retirement paid to me in the usual manner. I understand that this will result in **NOT** having the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

I UNDERSTAND THAT THE ABOVE ELECTION IS FINAL AND BINDING.

_____ _____
Signature Date

_____ _____
Witness Signature Date

Name _____ SSN _____

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST

Initial Selections

1. TYPE OF RETIREMENT _____

- ☐ Service Retirement
- ☐ Early Retirement
- ☐ Conversion
- ☐ Hybrid
- ☐ Duty Disability Retirement
- ☐ Non-Duty Disability
- ☐ Survivors Pension
- ☐ Widows Pension
- ☐ Vested Pension-Current Annuity Balance
- ☐ Vested Pension

2. OPTION SELECTION _____

- ☐ Straight Life
- ☐ No option required
- ☐ Option 1 (Cash Refund Annuity)
- ☐ Option 2 (100% Survivor)
- ☐ Option 3 (50% Survivor)
- ☐ Option A (75% Survivor)
- ☐ Option B (25% Survivor

3. UNUSED SICK PAY OPTION ☐ YES ☐ NO _____

4. POP-UP SELECTION ☐ YES ☐ NO _____

5. EQUATED SOCIAL SECURITY OPTION ☐ AGE 62 ☐ AGE 65 _____

I understand that my gross monthly pension will be reduced effective the first day of the month following my _____ birthday. _____

6. MATERNITY LEAVE (7-2-65 TO 9-19-72) ☐ YES ☐ NO _____

7. DEFINED CONTRIBUTION PLAN (Annuity Fund) _____

- ☐ No Withdrawal
- ☐ Previously Withdrawn
- ☐ Partial Withdrawal
- ☐ Total Withdrawal
- ☐ Rollover-Form to be submitted

Annuity Withdrawal Forms and Interest Letter Received _____

8. ANNUITY RECOUPMENT LETTER

Annuity Recoupment letter received and informed of the recoupment amount _____

9. WITHHOLDING TAX _____

- ☐ No withholding
- ☐ Fixed amount $_____
- ☐ Married _____ Exemptions
- ☐ Single _____ Exemptions

STATE WITHHOLDING TAX _____

☐ 1. Not taxable ☐ 2. Before 1946 ☐ 3. Between 1946 and 1952 ☐ 4. After 1952

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST
(Page 2)

Initial Selections

10. **DIRECT DEPOSIT** ☐ YES ☐ NO _____

11. **DEATH BENEFIT** ☐ YES ☐ NO _____

12. **GROUP LIFE INSURANCE (Disability Only)** ☐ YES ☐ NO _____

13. **PROOF OF BIRTH**
    - **EMPLOYEE** ☐ Supplied ☐ To Be Supplied _____
    - **BENEFICIARY** ☐ Supplied ☐ To Be Supplied _____

14. **MARRIAGE CERTIFICATE**
    ☐ Not married ☐ Supplied ☐ To Be Supplied _____

15. **DIVORCE/EDRO** ☐ YES ☐ NO _____

16. **BENEFICIARIES CONFIRMED**
    ANNUITY _____
    DEATH BENEFIT _____
    LIFE INSURANCE _____

17. **MILITARY SERVICE PURCHASED** ☐ YES ☐ NO _____
    I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement

****

I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, **whichever comes first**.

_____	_____	_____
SIGNATURE	**DATE**	**WITNESS**

MetLife®
Metropolitan Life Insurance Company, New York, NY

Notice of Group Life Insurance Conversion Privilege

INSTRUCTIONS TO POLICYHOLDER/RECORDKEEPER: Complete this Notice and provide a copy to the employee when group coverage terminates. If coverage has been assigned, provide notice to the Assignee.

INSTRUCTIONS TO ELIGIBLE PERSON: You may convert your coverage to an individual life insurance policy, which will be issued without medical examination if you apply for it and pay the required premium within the application period.

APPLICATION PERIOD: The application period is based on the date your group coverage terminates and the date of this Notice. Generally, you have 31 days from the date group coverage ends to apply for conversion. However, if this Notice is dated more than 15 days from date of termination, your application period is extended for an additional 15 days. If the 15-day extension applies to you, it will not exceed more than 91 days from the date group insurance was terminated.

The conversion application period is time-sensitive. If you are interested in converting your group coverage, you should meet with a licensed financial services representative and complete an application. We have arranged for financial professionals with Massachusetts Mutual Life Insurance Company (MassMutual) to help explain your options, since MetLife cannot provide you with individual guidance. To begin this process, you can arrange a meeting with a local MassMutual financial professional by calling 877-275-6387.

This Notice is not a conversion application or policy

Eligible Person / Employee Information

Date of this Notice / /	Date Group Coverage terminates: / /		
Name of Insured (Last, First, MI)	Relationship to Employee ☐ Self ☐ Dependent	☐ Male ☐ Female	Date of Birth / /
Name of Owner if Certificate is Assigned (Last, First, MI)		☐ Male ☐ Female	Date of Birth / /
Dependent Name, if applicable (Last, First, MI)		☐ Male ☐ Female	Date of Birth / /
Street Address of Insured/Owner City State Zip Code	Phone ( ) -	Date Group Life benefits became effective for insured / /	

Reason for termination: ☐ Termination of Employment ☐ Retirement ☐ No Longer an Eligible Dependent
☐ Termination of Group Policy or Class under Policy ☐ Total Disability

Coverage Information

Complete the relevant column based on the event triggering conversion. If an accelerated benefits option claim was paid, be sure to reduce the amount available for conversion by the ABO claim amount.	If coverage is ending due to termination of employment or eligibility, complete the applicable fields below.	If the group policy or a class under the policy is ending, complete the applicable fields below. Note that the amount of coverage available for conversion is the lesser of the amount lost, or $10,000, provided the insured was covered under the plan for at least five years.

Coverage Type	Group Policy Report Number	Coverage Amount	Coverage Amount , if less than $10,000
Basic Life		$	$
Supplemental Life		$	$
Dependent Spouse Life		$	$
Dependent Child Life		$	$
Group Universal Life		$	$
Survivor		$	$

Group Policyholder Name City of Detroit	Group Policyholder Address & Phone No. ( ) -
Authorized Group Policyholder Representative (Print)	

RSCD
Retirement System City of Detroit

RETIREMENT SYSTEM OF THE CITY OF DETROIT
500 WOODWARD AVE STE 3000, DETROIT, MI 48226
Phone 313-224-3362 | Toll Free 800-339-8344 | Fax 313-224-3522

EMPLOYEE BENEFIT PLAN-CHAPTER VIII OF TITLE IX OF THE CHARTER CITY OF DETROIT
Benefit Payable upon Death of Member
NOMINATION OF BENEFICIARY

I, _____, hereby direct the Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit due (as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan) to:

Primary Beneficiary(ies):

Full Name: _____ Relationship: _____ Date of Birth: _____

Address: _____ % of Distribution: _____

Full Name: _____ Relationship: _____ Date of Birth: _____

Address: _____ % of Distribution: _____

If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to:

Contingent Beneficiary(ies):

Full Name: _____ Relationship: _____ Date of Birth: _____

Address: _____ % of Distribution: _____

Full Name: _____ Relationship: _____ Date of Birth: _____

Address: _____ % of Distribution: _____

If no beneficiaries are living at the time of my death, then distributions shall be paid to my estate.

Signature of Member: _____ Date: _____

Address of Member: _____

Date of Birth: _____ SSN: _____ Pension Number: _____

Phone: _____ Email: _____

Signature of Witness: _____ Date: _____

Processed by: _____ Date: _____

Revision Date: 1/12/2022

RSCD
Retirement System City of Detroit

RETIREMENT SYSTEM OF THE CITY OF DETROIT
500 WOODWARD AVE STE 3000, DETROIT, MI 48226
Phone 313-224-3362 | Toll Free 800-339-8344 | Fax 313-224-3522

MEMBER AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

This document contains an authorization form for the direct deposit of the member's monthly retirement benefit into their Savings or Checking account. In order for this form to be processed, IT MUST BE COMPLETED IN ITS ENTIRETY, and we highly recommend that you include a voided check in order to ensure correct information.

Member Name: _____ Email: _____

Pension Number: _____ SSN: _____

Member Address: _____

City, State, & Zip Code: _____ Phone: _____

I hereby authorize the CITY OF DETROIT RETIREMENT SYSTEM to transmit my retirement benefit checks to my account(s) at the specified Financial Institution(s) as follows:

Note: Specified percentages or fixed amounts are optional, and must add up to 100% of the total payment. If specified for only one account, the remaining account will default to the balance of the total payment.

Action:

☐ Add
☐ Change
☐ Cancel

Bank Name: _____

Account No.: _____ Routing No.: _____

Percentage OR Fixed Amount of each payment to be deposited to this account: _____

Account Type: ☐ Checking ☐ Savings

Action:

☐ Add
☐ Change
☐ Cancel

Bank Name: _____

Account No.: _____ Routing No.: _____

Percentage OR Fixed Amount of each payment to be deposited to this account: _____

Account Type: ☐ Checking ☐ Savings

I authorize and direct the said Financial Institution(s) to charge said account(s), or the account of my Estate, for any payment made subsequent to my death, and to refund any such payment to the CITY OF DETROIT RETIREMENT SYSTEM, 500 Woodward Avenue Suite 3000, Detroit, MI 48226. I agree - for myself - my heirs - executors and estate – to indemnify and save the said Financial institution(s) harmless from any and all loss or damage of any nature whatsoever by reason of said bank having entered into the above-described arrangement. I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the CITY OF DETROIT RETIREMENT SYSTEM, and to the specified Financial Institution(s).

Member Signature: _____ Date: _____

Revision Date: 1/12/2022

Form **W-4P**
(Rev. January 2022)
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

▶ **Give Form W-4P to the payer of your pension or annuity payments.**

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . ▶ $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/ annuities. Otherwise, enter "-0-" . . . . . ▶ $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . ▶ $

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form.

Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . . . ▶ $

Add other credits, such as foreign tax credit and education tax credits ▶ $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

Step 5: Sign Here

▶ _____ ▶ _____

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over $147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Bob also has a job that pays $25,000 a year. Bob has no other pensions or annuities. Bob will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Carol does not have a job, but she also receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Carol will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has $1,000 of interest income, then she will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Don does not have a job, but he receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Don will not enter any amounts in Step 2.

If Don also has $1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Ann also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Ann will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Ann also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income	1	$
2	Enter: • $25,900 if you're married filing jointly or qualifying widow(er) • $19,400 if you're head of household • $12,950 if you're single or married filing separately	2	$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $1,750 if you're single or head of household. • $1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • $2,800 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	6	$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Michigan Department of Treasury
4924 (Rev. 05-13)

MI W-4P

Withholding Certificate for Michigan Pension or Annuity Payments

INSTRUCTIONS: Use Form MI W-4P to notify pension administrators of the correct amount of Michigan income tax to withhold from your pension or annuity payment(s). You may also use this form to choose not to have any Michigan income tax withheld from your payment(s). Military pensions and pensions paid by the Railroad Retirement Board are exempt from tax and withholding.

Entities subject to Michigan taxes that disburse pension or annuity payments are required to collect withholding if the payment is expected to be taxable unless **you opt out using this form** (see instructions for line 1). Entities over which Michigan does not have jurisdiction are not required to withhold Michigan income tax from your pension or annuity payment(s). If your pension administrator does not withhold, you may need to make estimated income tax payments to avoid owing penalty and interest. For further information, see General Instructions on page two, the *Michigan Estimated Income Tax for Individuals* (MI-1040ES) or consult a tax advisor.

If you have more than one pension administrator, you will need to complete a form for each pension or annuity. If you do not file MI W-4P, the administrator may withhold even if you will not owe tax on your pension income. **See instructions on page two.**

GENERAL INFORMATION

Name	Social Security Number	
Mailing Address (Number, Street, P.O. Box)		
City	State	ZIP Code

Marital Status

☐ Single ☐ Married ☐ Married (withhold the same as "Single")

Check only ONE box. For joint filers, the age of the oldest spouse determines the age category.

☐ 1. Check here if your pension or annuity payments are not taxable or you wish to opt out. See lines 7 or 8 for additional voluntary withholding. **NOTE:** Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.

☐ 2. Check here if you (or your spouse if older) were born before 1946. See instructions for line 2.

☐ 3. Check here if you (or your spouse if older) were born during the period 1946 through 1952 (deduction is $20,000 single/$40,000 joint). See instructions for line 3.

☐ 4. Check here if you were born during the period 1946 through 1952 and your pension or retirement benefits were from employment with a governmental agency that was not covered by the Social Security Act (deduction is $35,000 single/$55,000 joint).

☐ 5. Check here if you (and your spouse) were born after 1952. See instructions for line 5.

6. Enter number of personal exemptions allowed on your *Michigan Income Tax Return* (MI-1040). Do not claim more than your allowable personal exemptions on all MI W-4s (wages) or MI W-4P forms combined. 6. ____

Additional Voluntary Withholding from Pension or Annuity Payment:

7. **Voluntary percentage amount** you want withheld from each pension or annuity payment (if permitted by your pension administrator). This amount must be a percentage. 7. ____ %

8. **Voluntary dollar amount** you want withheld from each pension or annuity payment (if permitted by your pension administrator). 8. ____ 00

AUTHORIZATION

Signature	
Printed or Typed Name and Title	Date

Sign and return this completed form to the administrator of your pension or annuity. Keep a copy for your records.

Visit www.michigan.gov/taxes for additional information.

Instructions for Completing MI W-4P,
Withholding Certificate for Michigan Pension or Annuity Payments

General Instructions

Significant income tax changes took effect in 2012 and going forward. As a result, your pension payment may be subject to tax and an underpayment may result if the incorrect amount of tax is withheld. These changes may result in a balance due if the incorrect amount is withheld from pension or annuity payment(s). Caution: Some benefits do not meet the definition of "pension and retirement benefits" under Michigan's individual income tax laws and are not eligible for subtraction on your Michigan income tax return. Visit www.michigan.gov/taxes for additional information. For these instructions the words "retirement benefits" mean pensions, annuities, and other retirement benefits.

Taxpayers born before 1946 may deduct all retirement benefits paid from public employment and retirement benefits from private plans up to $48,302 on a single return or $96,605 on a joint return. Recipients born during the period 1947 through 1952 are eligible to deduct retirement benefits up to $20,000 for single or married filing separate taxpayers, or $40,000 if married filing a joint return. For joint filers, the age of the oldest spouse determines the age category.

For tax year 2013, single recipients born in 1946 or recipients filing a joint return where the older spouse was born in 1946 are eligible to deduct $20,000 (or $40,000 if filing a joint return) against all income, not just retirement benefits. Recipients born in 1946 may continue to use the MI W-4P so that they have the appropriate amount withheld from their income.

Recipients born after 1952 may not deduct retirement benefits on the *Michigan Income Tax Return* (MI-1040).

Multiple pensions: If you (and your spouse) receive multiple pension payments, your withholding on those payments may not cover your entire tax liability. Married couples where each spouse receives retirement benefits may choose to have withholding calculated as if each was single on the MI W-4P and select one personal exemption in order to have sufficient withholding to cover the tax liability. Taxpayers with multiple pensions may need to make quarterly estimated payments (MI-1040ES) or consult a tax advisor to ensure the proper amount is withheld or paid through estimated payments.

Estimated Payments: There are penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments. Taxpayers who choose not to have tax withheld from their retirement benefits may be required to make estimated tax payments. Refer to Form MI-1040ES for estimated tax requirements.

When should I complete this form? Complete Form MI W-4P and give it to the administrator of your retirement benefits as soon as possible.

Your tax situation may change from year to year; you may want to evaluate your withholding each year. You can change the amount to be withheld by submitting an updated Form MI W-4P to your pension administrator at any time.

Is every pension administrator required to withhold Michigan tax? Only companies over which Michigan has taxing jurisdiction are required to withhold Michigan tax from your retirement benefits. If your pension administrator does not fall under Michigan jurisdiction, you may request to have Michigan tax withheld, but the company is not required to do so. If no taxes are withheld from your payments, it is likely you will be required to make estimated payments in place of the withholding. Contact your pension and/or annuity administrator to verify whether tax will be withheld from your payments.

Line-by-Line Instructions

Line 1: You may opt out of withholding tax from your retirement benefits if you believe you will not have a balance due on your MI-1040. If you (and your spouse) opt to have no Michigan tax withheld from your retirement benefits by checking the box on line 1, it may result in a balance due on your MI-1040 as well as penalty and/or interest.

Line 2: If you (or your spouse) were born prior to 1946, all benefits from public sources are exempt and benefits from private sources may be subtracted up to $48,302 for a single filer or married filer filing separately or $96,605 if married filing a joint return for the 2013 tax year. In addition, benefits that will be rolled into another qualified plan or IRA will not be taxable if the amount rolled over is not included in federal adjusted gross income (AGI). Any private retirement benefits in excess of the limits above are taxable.

Line 3: If you, or your spouse if your spouse is older than you, were born in 1946 you may deduct the Michigan standard deduction equal to $20,000 ($40,000 on a joint return) from your taxable income instead of retirement benefits. If you (or your spouse if older) were born during the period 1947 through 1952, the first $20,000 for single filers or $40,000 for joint filers of all private and public pension and annuity benefits may be subtracted from Michigan taxable income. Benefits in excess of these limits are taxable.

Line 4: If you were born during the period 1947 through 1952 and received retirement benefits from employment with a governmental agency that was exempt from the Social Security Act, the first $35,000 for single filers or $55,000 for joint filers of all retirement benefits may be subtracted from Michigan taxable income. The Michigan standard deduction for those born in 1946 is also increased by $15,000 if you received retirement benefits from employment with a governmental entity that was exempt from the Social Security Act.

Line 5: If you (and your spouse) were born after 1952, all private and public retirement benefits are fully taxable and may not be subtracted from Michigan taxable income.

Line 6: Enter personal exemptions you are claiming for withholding. Do not claim more than your allowable personal exemptions on all MI W-4s (wages) or MI W-4P forms combined.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld. The amount on line 7 must be a percentage. Check with your pension administrator to see if they permit additional withholding.

Line 8: If allowed by your pension administrator, you may enter an additional dollar amount to be withheld from each payment.

Failure to have sufficient tax withheld from your retirement benefits may result in a balance due on your MI-1040 as well as penalty and/or interest.

GENERAL RETIREMENT SYSTEM

OF THE CITY OF DETROIT

MANDATORY 4% CONTRIBUTION WITHDRAWAL

DECLARATION

I, _____, Social Security # _____ have applied for retirement from Component II of the Combined Plan for the General Retirement System to be effective on _____.

I am aware of the Retirement System's provision which allows the accumulated mandatory 4% employee contribution to remain in the Plan after my retirement date to ensure a retirement allowance under Component I of the Combined Plan for the General Retirement System. I hereby elect to withdraw my Mandatory 4% Contribution in a lump sum and waive all rights to a retirement benefit under Component I.

I have received the ten (10) page document regarding IRS tax rules associated with this withdrawal. I am aware that the General Retirement System Board of Trustees and General Retirement System employees make no representation and give no assurance with respect to what may or may not be permissible under the tax laws; I will consult with a tax advisor.

_____ _____

Signature of member Signature of Witness

_____ _____

Number Street Date

_____

City State Zip Code

RSCD
Retirement System City of Detroit

RETIREMENT SYSTEM OF THE CITY OF DETROIT
500 WOODWARD AVE STE 3000, DETROIT, MI 48226
Phone 313-224-3362 | Toll Free 800-339-8344 | Fax 313-224-3522

GENERAL RETIREMENT SYSTEM OF THE CITY OF DETROIT
WITHDRAWAL/DISTRIBUTION OF MANDATORY EMPLOYEE CONTRIBUTIONS
FROM THE COMPONENT I PLAN AND DISTRIBUTION DESIGNATION

Employee Name: _____ Date of Application: _____

Pension Number: _____ Employee SSN: _____ Phone: _____

Date of Birth: _____ Email: _____

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

As of my *retirement* OR *separation from service*, effective (MM/DD/YYYY) _____, I will be eligible to withdraw the full amount of my accumulated mandatory employee contributions under Component I of the Combined Plan for the General Retirement System of the City of Detroit.

_____ (Initials) Pursuant to the provisions of the Retirement System, I hereby request a total withdrawal from my account to be distributed as follows:

If you are completing this form due to a death please complete below within this box. *Please note this box is not to be used for electing a beneficiary.*

RECIPIENT/BENEFICIARY NAME: _____ *SSN: _____

DATE OF BIRTH: _____ PHONE: _____

*Your full social security number is needed in order to accurately report your annuity distribution to the Internal Revenue Service.

Select **EITHER 1 OR 2** and initial in the space provided:

☐ **1. _____ I request that full payment be made to me. I acknowledge that twenty (20%) percent of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.**

☐ **2. I request a direct rollover of the otherwise taxable portion as follows** (Choose A OR B)**:**

A: _____ All of the otherwise taxable portion (in which case no withholding will apply to me)

B: _____ A portion[1] totaling $ _____ of the otherwise taxable portion

Of my Defined Contribution Plan distribution be forwarded to *(complete the account information on the following page)*:

[1] If electing Option 2B, which is a partial rollover, the remaining funds will be processed as a total withdrawal and paid directly to the recipient less 20% federal tax withholding.

RSCD
Retirement System City of Detroit

RETIREMENT SYSTEM OF THE CITY OF DETROIT
500 WOODWARD AVE STE 3000, DETROIT, MI 48226
Phone 313-224-3362 | Toll Free 800-339-8344 | Fax 313-224-3522

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/transfer and the balance of the total withdrawal paid to me.

Representatives of the above-named company have assured me that the direct rollover/transfer amount will be deposited in an eligible retirement plan including an individual retirement arrangement qualified under IRC section 408(a) or (b) or IRC section 408A; a plan qualified under IRC section 401(a), including a 401(k) plan, profit sharing plan, defined benefit plan, and money purchase plan; an IRC section 403(a) annuity plan, an IRC section 403(b) tax-sheltered annuity; and an eligible IRC section 457(b) plan maintained by a governmental employer.

_____ (Initials) I am aware of the Retirement System's provision which allows the accumulated mandatory employee contributions to remain in the Plan after my retirement date to ensure a retirement allowance under Component I of the Combined Plan for the General Retirement System. I hereby elect to withdraw my accumulated mandatory contributions in a lump sum and waive all rights to a retirement benefit under Component I.

I acknowledge receipt of a Special Tax Notice provided to me pursuant to Section 402 of the Internal Revenue Code. I understand that I have the right to a period of at least 30 days, after receipt of the Notice to consider the decision of whether or not to elect a direct rollover.

Federal Income Tax: I acknowledge that twenty (20%) of the taxable portion not rolled-over will be withheld in accordance with applicable Internal Revenue Code requirements and regulations. Note, the Retirement System is not required to withhold tax on distributions less than $200.00. I acknowledge that the Retirement System will issue appropriate 1099R forms for the distribution of the funds from the Plan.

I hereby release the Employer and the Board of Trustees of the Retirement System from any and all liability relative to the aforesaid Plan amounts upon the forwarding of the amounts as directed by me. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid amounts forwarded/transferred consistent with this document. I acknowledge that representatives of the City and Retirement System do not give tax advice and that I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Signature of Recipient: _____ Date: _____

Address of Recipient: _____

City, State, & Zip Code: _____

RSCD
Retirement System City of Detroit

RETIREMENT SYSTEM OF THE CITY OF DETROIT
500 WOODWARD AVE STE 3000, DETROIT, MI 48226
Phone 313-224-3362 | Toll Free 800-339-8344 | Fax 313-224-3522

Signature of Witness: _____ Date: _____

Address of Witness: _____

City, State, & Zip Code: _____

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

Seal

_____
Notary Public

_____
County State

_____
My Commission Expires (Date)

Processed by: _____ Date: _____