

Instructions for Tier One/Tier Two and Individual Account Program (IAP) Retirement Application

General retirement information

- You must be eligible to retire. Visit the [Benefit Component Comparison page](#) on PERS website.
- You must separate from employment with all PERS-participating employers before your effective retirement date.
- If your account is divorce-related, retirement option and beneficiary restrictions may apply.
- Your application is not effective until PERS accepts it. PERS will mail or email you a letter confirming receipt of your application and may request additional items required for application acceptance.
- When you retire from Tier One/Tier Two, you must also retire from the IAP. Complete this application to retire from both programs.
- **If you have a Tier One/Tier Two Loss of Membership (LOM) account, consider applying for it now to avoid retirement benefit processing delays.** To apply for the LOM account payout, complete either the [Loss of Membership Refund Application](#) or a [Tier One/Tier Two Member Account Withdrawal Application](#) and submit it before or with your retirement application.

You will receive your first Tier One/Tier Two Program benefit payment within 92 days of your effective retirement date. Your IAP benefit payment is normally paid within 120 days.

General information on filling out the application

- You can either fill out this application online or fill out a hard copy. If you choose a hard copy, please print clearly with dark ink. Both online and hard copy methods require member hand sign and date in signature and notary areas.
- Your signature, and your spouse's signature if married, must be notarized on page two of the application. PERS staff can notarize applications at a [Retirement Application Assistance Session](#) (RAAS).
- Do not cross out, modify, or alter the application in any way—this could void your application.
- Please provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.
- Depending on your choices, you may need to complete additional forms. For example, if you choose a direct deposit for your installments, you must complete the [Authorization Agreement for Automatic Deposits](#) form. We have provided links to the additional forms where appropriate. Contact PERS Member Services if you are reading a paper version of these instructions and need additional support.
- Generally, you have the right to change your option, beneficiary designation, or, if applicable, variable participation, within the first 60 days after the issue date of the first benefit payment. Changes are retroactive to your effective retirement date. For specific limitations, see “Section A Part 1: Your Guide to Retirement Options” of the Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide.
- PERS must know your exact date of birth to calculate your retirement benefit. If you choose a survivorship option, PERS must also validate your beneficiary's date of birth. You will find a list of acceptable verification of age documents on page 3.
- Please use your full legal name to complete and sign forms. If submitting a driver's license or passport as your age verification document, your name on the application and age verification document should match. If your legal name is not reflected on your driver's license or passport, complete the application using your current legal name and provide proof of legal name change (marriage certificate, court document, etc.).

- PERS must receive payment for waiting time, refunded time, and other purchases of service time credit **before** your effective date of retirement. Some special, full-cost purchases, may be made after your effective retirement date.
- The tax forms you will need to complete may be impacted by your elections so please pay close attention to which tax forms you are including with your application.
- Include your name and Social Security number (SSN) or PERS ID at the top of every page and on any documents submitted with your application. Providing your SSN is mandatory, and PERS is authorized to request it under Internal Revenue code provisions. It will be used primarily to comply with mandatory IRS reporting. However, PERS may also use it internally for confirmation purposes or recovery of overpaid funds. (If you do not want it used for these purposes, enclose a written statement to that effect with your retirement application.)
- Registered domestic partners, see the Tier One/Tier Two and Individual Account Program (IAP) PreRetirement Guide for more information.
- Mail, fax, or deliver your completed application with accompanying forms and required documents to PERS. **Keep a copy for your records.**

Forms and documents needed to receive benefits

- **Tier One/Tier Two/Individual Account Program (IAP) Retirement Application.**
- **Verification of your age.**
- **Verification of your beneficiary's age (required if you select a survivorship option).**
 - o (Survivorship Options: 2, 2A, 3, 3A, Lump Sum (LS) Option 2, LS2A, LS3, LS3A).
- Verification of legal name change if your current legal name differs from the name on file with PERS.
- [Authorization Agreement for Automatic Deposit](#) form (if you are electing to receive benefit via direct deposit).
- **[W-4P](#) form for federal and state tax withholding if you select a monthly Tier One/Tier Two option or IAP installments of 10 years or longer.**
 - o (Tier One/Tier Two: All options are monthly or include a monthly except Total Lump Sum).
 - o (IAP: Installments for 10 years, 15 years, 20 years, or the Anticipated Life Span Option).
- **[W-4R Tier One/Tier Two Lump Sum Withholding](#) form if you select any Tier One/Tier Two Lump Sum (LS) option and are not requesting a 100% rollover.**
 - o (Options: Total Lump Sum, Lump Sum (LS) Option 1, LS2, LS2A, LS3, LS3A).

This form is also needed if you have Police and Firefighter (P&F) Units and are not requesting a 100% rollover if you are age 65 or older, or if when your P&F unit balance is calculated, it results in an amount that exceeds \$4,000.

- **[W-4R IAP Lump Sum Withholding](#) form if you select IAP One-time lump sum or a 5 year installment and are not requesting a 100% rollover.**
- [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form if you select a lump sum benefit and elect to roll all or a portion of your benefit to another deferred compensation or eligible employer plan,
- [IAP Direct Transfer Rollover Acceptance](#) form if you select IAP One-time lump sum or a 5 year installment and elect to roll all or a portion of your benefit to another deferred compensation or eligible employer plan.

Acceptable documentation to verify date of birth

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number on all documents submitted, including beneficiary documents.

| | |
|--|--|
| <p>Group 1 If one item in this group is furnished showing birth dates, no further evidence of age is needed. Any ONE of these:</p> <ul style="list-style-type: none"> • Copy of Oregon driver’s license or ID card if issued on or after February 4, 2008 (current or expired). • Copy of REAL ID driver’s license, driver’s permit, or ID card issued by any state** (current or expired). • Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official). • American Indian Reservation Age Verification. • Infant baptism certificate. • Hospital birth certificate (if signed by attending physician or issued by state). • Passport (current or expired). • School-age record. • Naturalization or citizenship papers. • Family Bible record (if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom). | <p>Group 2 Two items in this group from different sources are sufficient if age or birth date is shown. Any TWO of these: Example: One child’s birth certificate and one driver’s license</p> <ul style="list-style-type: none"> • A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.) • Certificate of military record • Marriage record (record must show your age or date of birth at time of marriage) • Any other state’s driver’s license or ID card. (must be current) • County voter registration (must show your age or date of birth; do not send in your precinct card) • Copy of child’s birth certificate if it shows age of parents • Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months) • Military ID (military record DD214) • Concealed weapons permit |
|--|--|

- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member’s Social Security number on all documents so they are properly recorded.

**A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states also have issued “enhanced” driver’s licenses, driver’s permits, or ID cards. Enhanced cards are REAL ID compliant and will bear an American flag emblem and the word “enhanced” on the front of the card.

Step-by-step instructions for filling out your retirement application

Section A: Applicant Information (required)

Fill in this section completely.

Provide your Social Security number (SSN) and your PERS ID. If you do not know your PERS ID, leave the PERS ID box blank; however, providing your SSN is mandatory. Your application will be delayed if SSN is missing.

Enter your date of birth in the area provided. You must also present document(s) to verify your age. You will find a list of acceptable verification of age documents on page 3 of these instructions.

Provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.

Section B: Effective retirement date (required)

Enter the month and year you want your retirement to begin. Retirements **always** begin on the first of the month, so you only need to enter the **month** and **year**.

Your **effective retirement date** can be no sooner than either the first day of the month following the last day you worked (or were on qualifying paid leave) or the first of the month following the month PERS receives your retirement application, whichever is later. **Examples:** If your last day worked is May 5, 2022, your retirement date can be no earlier than June 1, 2022. If your last day worked was May 5, 2022, but PERS does not receive your application until June 6, 2022, your retirement date can be no earlier than July 1, 2022.

Please note the following restrictions:

- To change or establish a new retirement date, you must submit a new retirement application and any additional required forms. PERS must receive these, as required by law, **before the issue date of your first benefit payment**.
- To cancel your retirement application, **PERS must receive** a written and signed cancellation request **before the issue date of your first benefit payment**. This request can be faxed to 503-598-0561, mailed to P.O. Box 23700, Tigard, OR 97281-3700, or delivered to PERS at 11410 SW 68th Parkway, Tigard, OR 97223.

Section C: U.S. Citizenship (required)

PERS must know your citizenship for tax purposes. Check the appropriate box.

- Check **I am a U.S. citizen or resident noncitizen** if you are a U.S. citizen or a resident noncitizen.
 - If you are a United States citizen living outside of the United States, you will be required to complete form [W-9](#) and are not allowed to claim exempt from United States federal income tax withholding. The [W-9](#) is available in the Forms section of the PERS website.
- Check **I am a nonresident noncitizen** if you are a nonresident noncitizen and complete IRS form [W-8BEN](#): Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. This form is available in the Forms section of the PERS website.

Section D: Residency (required)

You may be eligible for an additional benefit called “Tax Remedy.” Eligibility for this benefit is tied to dates and length of service, and residency. When calculating your benefit, PERS will determine if you are eligible to receive the Tax Remedy benefit.

Check the appropriate box and sign in this section to indicate whether you are an Oregon resident and subject to Oregon personal income tax or not. PERS will not use your mailing address to determine residency.

Section E: Working after retirement acknowledgement (required)

By signing Section G you are acknowledging that you have read and understand the limitations of working for a PERS-participating employer after retirement. Unsigned forms could delay processing your benefits.

Work After Retirement Information for Tier One/Tier Two Retirees

If you return to employment with a PERS-participating employer in the state of Oregon after retirement, Oregon statutes impose certain limitations on that employment. **Compliance with the statutory limitations is your responsibility. If you exceed the work-hour limitations, you will be accountable.** Exceeding the limitations may lead to your retirement benefits being canceled and you being invoiced for any overpaid benefits.

Notice: Senate Bill 1049, passed by the Oregon Legislature in 2019, [lifted most restrictions on working after retirement](#) for **calendar years 2020 through 2024**. As a result of House Bill 2296, passed by the Oregon Legislature in 2023, these rules will now **continue through December 31, 2034**. During these years, most PERS retirees who retire at “normal” retirement age may return to work for a PERS-participating employer and still collect their PERS retirement benefits with no limitations imposed by PERS. Your employer may have other limitations on your work hours.

Find full information on the [PERS website](#), including flowcharts, to see if you can work unlimited hours while continuing to receive your pension benefit.

Early retiree PERS Work-After-Retirement limitations

If you retire early, follow these guidelines to continue to receive your PERS benefits if you go back to work for one or more public employer(s) in Oregon:

- Make sure you have a complete break from any PERS-participating employment for at least **six full months** after your retirement date, before returning to work, if you want to work unlimited hours.
- If you **do not** have a six-month break, as a Tier One or Tier Two early retiree, you may work **less than 1,040 hours in a calendar year** as a retiree, unless you qualify for a special exception. Learn more and see exceptions to this rule on the [PERS website](#).

Social Security limitations

If you are receiving Social Security benefits and have not reached “full retirement age” (FRA) under Social Security, the Social Security Administration and PERS have additional limitations on your employment. If you have not reached FRA, you may need to limit your hours to stay within the income allowed under the annual Social Security income limits. For details, go to the [Social Security website](#).

Section F: Acknowledgement of Receipt of Federal Tax Information Disclosure (required)

The IRS requires PERS to notify you of the tax consequences of taking a distribution by providing the [Federal Tax Information Disclosure](#).

By signing Section G you are acknowledging that you have received and read the [Federal Tax Information Disclosure](#).

You have 30 days to review your distribution options and the associated tax consequences. PERS will not process your payment until the 30-day period has passed unless you check the box to waive your right to this 30-day period. If you check the waiver box, PERS will process your distribution as soon as possible.

If PERS is unable to process your distribution within 180 days from the signature date in Section G, the IRS requires us to provide the [Federal Tax Information Disclosure](#) again, and you will need to complete a new [Acknowledgement of Receipt of Federal Tax Information Disclosure](#) form. We will contact you if this happens.

Section G: Member signature (required)

You must **sign and date** in Section G to acknowledge the statements in Sections E and F and declare the information you have provided on this page is true to the best of your knowledge and belief.

Section H: Retirement options (required)

Important: We **highly** recommend you read and understand “Part One: Your Guide to Retirement Options” of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* before filling out this section. You **cannot** change options after 60 days from the issue date of your first regular benefit payment.

Any corrections, alterations, or omissions in this section **may require a new application be submitted** which could cause a delay processing your benefits.

Section H: Retirement options (required)

Please note – the retirement options have been numbered #1 - #13 to assist you in determining which subsequent sections are relevant to the option you selected. Please do not confuse the #1 - #13 numbering with the ‘name of the option’ which may also include a number.

Select only **ONE** of the 13 options listed.

To select a Non-survivorship Option put a check in the box next to the non-survivorship option you have chosen and complete the beneficiary designation in Section K. Do not complete the ‘Survivorship option beneficiary ONLY’ box located in Section H.

To select a Survivorship Option put a check in the box next to the survivorship option you have chosen and complete the ‘Survivorship option beneficiary ONLY’ box located in Section H.

- You may only name **one** beneficiary and it must be a person. The beneficiary will receive both a continuing monthly benefit and, if you selected a lump-sum option, any unpaid lump-sum installments.
- You must provide your beneficiary’s legal name, date of birth, and the beneficiary’s relationship to you. Your application will be returned if information is missing. This could delay your benefit.
- PERS also requests that you provide your beneficiary’s Social Security number. This can be an important tool in identifying and locating your beneficiary after your passing.

You can only choose one benefit option. If more than one box is checked, we must return the application to you. This could delay your benefit.

Aggregate Sum (AS) Refund information – Some members may receive an estimate or letter stating their monthly Tier One/Tier Two benefit will be less than \$200 a month and they will receive an AS Refund. Although an AS Refund may be paid in lieu of a monthly pension benefit, the AS Refund is not a selectable benefit option. All retiring members must choose a valid option in Section H.

Section I: Verification of Age (required)

Check the boxes to indicate you are submitting age documentation for yourself and for your beneficiary (if you selected a survivorship option).

A list of acceptable verification of age documents is on page 3 of these instructions. Illegible verification of age documents routinely cause benefit delays. **Please provide legible documentation.**

Section J: Member declaration and Spousal consent - notarized signatures (required)

Do not complete any part of this section until you are with the notary. Any corrections, alterations, or omissions in this section **may require a new application to be submitted** which could cause a delay processing your benefits. Notary stamp must be legible.

Member:

- You must select one of the **marital status boxes** to indicate your marital status as of your effective retirement date.
- **Your signature and date must be notarized.**
- Your signature date and the notary’s signature date must be the same date.

Member’s Spouse (if member is married):

- **Your signature and date must be notarized to indicate your spousal consent of the option and beneficiary selected by the member.**
- Your signature date and the notary’s signature date must be the same date.

Failure of a married member to obtain valid spousal consent in this section will result in a mandatory default to Option 3 with your spouse as your beneficiary.

Section K: Non-survivorship option beneficiary designation

ONLY complete this section if you chose a non-survivorship option (Box # 1 – 5 in Section H): Option 1, Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum.

- If you selected Option 1 or Refund Annuity and die on or after your effective retirement date, but before your first payment is due, your death will be considered a pre-retirement death. In this event, PERS will use the beneficiary on this application as your pre-retirement designation.

Check the appropriate box to use the **standard** beneficiary designation or to name **specific** beneficiaries.

If you choose the standard designation, do not name any specific person. Instead, your beneficiary selection follows the order described in law.

The standard designation directs PERS to pay benefits in the order listed below:

- 1) Your spouse, if legally married at the time of death. If not married, then to
- 2) Your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at the time of your death. If all of your children predecease you, the benefit will be awarded to your grandchildren living at the time of your death, in equal shares. If no children or grandchildren survive you, then to
- 3) Your mother and father in equal shares, or to the survivor. If neither survives you, then to
- 4) Your brothers and sisters in equal shares, and the share of any brother or sister who does not survive you, to their children living at the time of your death in equal shares. If none of your brothers or sisters survive you, to the children of your brothers and sisters living at the time of your death in equal shares. If neither your siblings nor their children survive you, then to
- 5) Your estate.

*Natural born and adopted children are considered “children” even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your “children” under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

The specific designation allows you to name specific persons, charities, trusts, or your estate.

Providing requested information assists in locating your beneficiary.

If you need to add more beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional sheet.

- The percentages assigned to primary beneficiaries must total 100%.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary’s share if the primary beneficiary predeceases you. Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary. (E.g., if you designate 50% to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50%.)
- If you name your estate as a beneficiary, you may not provide an alternate beneficiary for your estate.

Section K: Non-survivorship option beneficiary designation (continued)

Example for naming specific beneficiaries:

| Specific Primary beneficiary #1 | | If living; otherwise, to #1 alternate beneficiary(ies). | | | |
|---|---|--|-----------------------------------|--------------------------------------|------------------------------|
| #1 | Full name <i>Jane Smith</i> | Social Security # <i>000-00-0000</i> | Date of birth <i>6/15/1982</i> | Phone <i>503-555-1212</i> | Percentage <i>50%</i> |
| | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address <i>janesmith@gmail.com</i> | | Relationship <i>Daughter</i> | |
| Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1 | | | | | |
| #1a | Full name <i>Mary Brown</i> | Social Security # <i>000-00-0000</i> | Date of birth <i>8/23/1956</i> | Phone <i>808-555-4111</i> | Percentage <i>30%</i> |
| | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship <i>Sister</i> | |
| #1b | Full name <i>Animals Win</i> | Social Security # | Date of birth | Phone <i>888-555-1111</i> | Percentage <i>20%</i> |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address <i>000 Dalmatian Dr., Portland, OR</i> | | Relationship | |
| Specific Primary beneficiary #2 | | If living; otherwise, to #2 alternate beneficiary(ies). | | | |
| #2 | Full name <i>George Smith</i> | Social Security # <i>000-00-0000</i> | Date of birth <i>4/15/1975</i> | Phone <i>808-555-1612</i> | Percentage <i>50%</i> |
| | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address <i>000 Ocean Way, Hilo, HI</i> | | Relationship <i>Son</i> | |
| Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2 | | | | | |
| #2a | Full name <i>Christina Smith</i> | Social Security # <i>000-00-0000</i> | Date of birth <i>2/19/1997</i> | Phone <i>808-555-6641</i> | Percentage <i>25%</i> |
| | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address <i>000 Ocean Way, Hilo, HI</i> | | Relationship <i>Granddaughter</i> | |
| #2b | Full name <i>Jacob Smith</i> | Social Security # <i>000-00-0000</i> | Date of birth <i>6/15/1988</i> | Phone <i>808-555-1620</i> | Percentage <i>25%</i> |
| | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address <i>000 Ocean Way, Hilo, HI</i> | | Relationship <i>Grandson</i> | |

The percentages of #1 and #2 primary beneficiaries add up to 100% (50+50=100)

The percentages of #1a and #1b alternate beneficiaries add up to the #1 primary's (30+20=50)

The percentages of #2a and #2b alternate beneficiaries add up to the #2 primary's percentage (25+25=50)

You must sign and date Section K. The beneficiary designation is not valid unless signed. Your signature is required for both the Standard and Specific designations.

Section L: Tier One/Tier Two lump-sum distribution installments

ONLY complete this section if you selected a lump-sum option. (Box # 4, 5, 10, 11, 12, or 13 in Section H)

Indicate whether you want to receive your lump-sum balance in one, two, three, four, or five annual installments, and then enter the amounts that correspond with the number of years you want to receive the balance.

You must allocate the percentages for each payment of your lump-sum balance.

Percentages **do not** have to be the same. For example, you can choose 50% the first year, 25% the next year, 15% the following year, and 10% the fourth year. How much you receive each year is up to you. The minimum installment is 1%. Make sure the figures you enter are **whole numbers** and **total 100%**. If they do not, we will return your application to you. This could delay your benefit.

Section M: Tier One/Tier Two lump-sum payment distribution

ONLY complete this section if you selected a lump-sum option. (Box # 4, 5, 10, 11, 12, or 13 in Section H)

Indicate whether or not to roll over any portion of your lump-sum distribution into a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.

Check box 1 if you want your lump-sum distribution to go directly to you. Please fill out the [Direct Deposit](#) form to have your distribution deposited into your bank account. You will be taxed on your distribution, complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form. Selecting box 1 completes Section M.

Check box 2 to roll over your lump-sum distribution.

Fill in the information in 2a to indicate the specific percentage or dollar amount to be rolled over. If you roll over less than 100% of your benefit complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form.

Fill in the information in 2b and 2c.

- **Check one of the boxes under 2b** to indicate whether the distribution(s) will be going to the Oregon Savings Growth Plan (OSGP), a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.
- **In box 2c:**
 - Provide the name and contact information of your financial institution or employer plan for your rollover payment.
 - The rollover check will be made payable to the institution or plan you provide in this box. If you are uncertain to whom the check should be payable, please consult with your financial institution/employer plan prior to completing this section.
 - Verify the address you provide is correct. The rollover payment will be mailed directly to this address.
 - **It is very important to provide your rollover account number for your funds to be correctly deposited to your account. Contact your financial institution for your account number.** If your financial institution is unable to provide you an account number, complete this field with the last four digits of your social security number.

Note: If you are rolling over funds to another deferred compensation or employer plan other than OSGP, **you must have an authorized representative of the plan complete** the [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form.

You must be a current OSGP participant to roll over your installment(s) to OSGP.

Section N: Variable election

ONLY complete this section if you have a Tier One/Tier Two Variable Account in addition to your Regular Account. A Variable Account will be identified as such under the Tier One/Tier Two section of your Member Annual Statement.

Check the appropriate box to state whether or not you want to discontinue participation in the Variable Annuity at retirement. If you continue participation in the Variable, the variable portion of your monthly retirement benefit will **increase or decrease** annually as the result of gains or losses from investments of the variable annuity account portfolio. You may change your variable annuity election any time between your original election and within 60 days after the issue date of your first actual benefit payment. After 60 days, you **cannot** change your variable annuity election.

If you elect a lump-sum option, your Variable Account will be automatically transferred out of the Variable and into your Regular Account at retirement.

Section O: Police officer and firefighter (P&F) units

ONLY complete this section if you are or were a police officer or firefighter who has participated in or recently made a purchase of P&F Units.

#1 - Select the correct box to indicate whether you will be 65 or older on your effective retirement date.

For those 65 or older, your units must be paid at retirement in a single lump payment. If this applies to you select one of the payment options.

- If you select a direct payment, you will receive a check or direct deposit. You will be taxed on your distribution, complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form. This completes Section O.
- If you select a rollover, complete the [Rollover-Eligible Distribution](#) form. If you roll over less than 100% of your benefit complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form. This completes Section O.

#2 – If under 65 on your effective retirement date, select box for your requested Units Benefit Effective Date and number of months units are to be paid.

- P&F unit benefit payments are required to be made over a minimum of 5 years (60 months) unless payments begin after the age of 60.
- All P&F unit benefits must be paid in full by age 65.
- If P&F unit benefit payments begin after the age of 60, the number of required monthly benefits can be calculated by subtracting the Unit Benefit Effective date from the first of the month following the member's 65th birthday, or from the member's 65th birthday if the birthday falls on the 1st.
- P&F unit benefit payments made for more than 5 years (60 months) are actuarially reduced.

#3 – If you selected in #2 to receive your unit benefit effective on your retirement date in Section B:

When your unit benefit is calculated if the balance exceeds \$4,000, you will receive any amount above \$4,000 as a single lump payment called P&F Excess. If the P&F Excess is \$200 or more, the payment is eligible to be rolled over into an IRA or other deferred compensation or eligible employer plan. PERS requests direction now to avoid payment delays.

Select a box to indicate if P&F Excess should be paid as a direct payment or as a rollover.

- If you select a direct payment, you will receive a check or direct deposit. You will be taxed on your distribution, complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form.
- If you select a rollover, complete the [Rollover-Eligible Distribution](#) form. If you roll over less than 100% of your benefit complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form.

**The remaining sections apply only to your Individual Account Program (IAP) benefit.
You should have an IAP if you worked for a PERS-participating employer in 2004 or after.**

Section P: IAP distribution option

You must choose one option in Section P to select your IAP distribution.

Be aware that all IAP distributions except those automatically deposited to your bank account and those rolled over to the Oregon Savings Growth Plan (OSGP) will be mailed directly to the address listed in **Section A** of your application. In the case of a rollover, your financial institution will be the payee on the check. Requests for rollovers to the Oregon Savings Growth Plan (OSGP) are automatically transferred from your IAP account into your OSGP account. You must be a current OSGP participant to roll over your installment(s) to OSGP.

Distribution option details:

- **One-time lump-sum distribution or 5-year installment distribution** (rollover eligible)

In a one-time lump-sum distribution of your entire IAP account, or in the case of the 5-year installment distribution, you may elect to have all or a portion of the distribution rolled over. These rollover-eligible distributions can be paid directly to you or rolled over to an IRA, eligible employer plan, or deferred compensation plan. It can also be split as a combination payment, including an amount rolled over, and the remainder issued in a payment directly to you. The minimum pre-distribution account balance required for the rollover portion in a combination split/roll distribution is \$500.

If you choose a one-time lump-sum distribution or a 5-year installment distribution, you must also complete **Section Q**. And you must also fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100% of your distribution.

- **10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution**

The 10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution options are not rollover eligible. You may choose to receive installment payments by a [direct deposit](#) into your bank account or by a check mailed directly to you. You must also fill out the [W-4P](#) tax withholding form.

Frequency details for installment distribution options:

- **5-, 10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution**

All options other than the one-time lump-sum distribution receive installment payments. Because you will receive installments you must also choose a monthly, quarterly, or annual distribution [frequency](#).

Select your preferred frequency directly below your elected installment distribution.

Once your distribution has begun, your payment will be equal to the current market value of your account divided by the number of payments left for the balance of the distribution. Because the market fluctuates daily, each distribution may be different based on the current market value of your account. If your account reaches a zero balance, your distribution stops, regardless of the number of payments left for the option chosen.

If you elect an installment option, you must designate a beneficiary by completing **Section R**.

If you decide you no longer wish to receive an installment distribution, you can make a one-time decision to cash out your IAP account. Once the account is distributed as a cash-out, it is not reversible and will close your PERS IAP account.

Membership in PERS is retained with an IAP cash-out at retirement; should you return to qualifying employment, you will not need to serve a six-month waiting period.

If you decide to cash out and the distribution of your remaining account balance is greater than \$200, the distribution is rollover-eligible and will be taxed accordingly.

If you decide to cash out, are under the age of 59½, and are not rolling over these funds, the IRS may assess a 10% early withdrawal penalty.

If you have any questions regarding tax laws, you may want to consult with a qualified tax professional or the IRS.

Section Q: IAP payment distribution

ONLY complete this section if you selected one-time lump-sum or a 5-year installment. (Box # 1 or #2 in Section P)

Indicate whether or not to roll over any portion of your distribution into a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.

Check box 1 if you want your IAP distribution to go directly to you. Please fill out the [Direct Deposit](#) form to have your distribution deposited into your bank account. You will be taxed on your distribution, complete the [W-4R IAP Lump Sum Withholding](#) form. Selecting box 1 completes Section Q.

Check box 2 to roll over your IAP distribution.

Fill in the information in 2a to indicate the specific percentage or dollar amount to be rolled over. If you rollover less than 100% of your benefit, complete the [W-4R IAP Lump Sum Withholding](#) form.

Fill in the information in 2b and 2c.

- **Check one of the boxes under 2b** to indicate whether the distribution(s) will be going to the Oregon Savings Growth Plan (OSGP), a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.
- **In box 2c**, provide the name of your financial institution or employer plan for your rollover payment. The rollover check will be made payable to the institution or plan you provide in this box. If you are uncertain to whom the check should be payable, please consult with your financial institution or employer plan prior to completing this section.

Note: All IAP rollover checks other than to OSGP will be mailed to you with the financial institution or employer plan as the payee. **You must be a current OSGP participant to roll over your distribution(s) to OSGP.**

If you are rolling over funds to another deferred compensation or employer plan other than OSGP, you must **have an authorized representative of the plan complete the [IAP Direct Transfer Rollover Acceptance](#)** form.

Section R: IAP beneficiary designation

All members with an IAP should complete this section to designate a beneficiary or beneficiaries for the IAP. The designation becomes effective on your effective retirement date. This designation applies if you select a one-time lump sum and die on or after your effective retirement date but before your benefit is distributed or if you select an installment option and die anytime on or after your effective retirement date.

Check the appropriate box to use the **standard** beneficiary designation or to name **specific** beneficiaries.

Please refer to the instructions in Section K for information on Standard and Specific designations.

You must sign and date Section R. The beneficiary designation is not valid unless signed. Your signature is required for both the Standard and Specific designations.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 fax – 503-598-0561
 Website – <http://oregon.gov/pers>



2163

Tier One/Tier Two/Individual Account Program (IAP) Retirement Application

Section A: Applicant information

| | | | | | |
|------------------------------------|-------------------|-------------------|-----------|----------------|------------------------------------|
| First name | | MI | Last name | | PERS ID (optional) |
| Mailing address (street or PO box) | | | | Country | Social Security number (Required)* |
| City | | | State | ZIP code | Date of birth (mm/dd/yyyy) |
| Home phone number | Work phone number | Cell phone number | | Personal email | |

Section B: Effective retirement date

My PERS retirement date is the first day of:

**PERS must receive your application
before this month and year.**

Month

Year

Section C: U.S. Citizenship (You are required to select one box below)

- I am a U.S. citizen or resident noncitizen.
- I am a nonresident noncitizen, and I have completed and included my IRS [W-8BEN](#) form.

Section D: Residency (Required for Tax Remedy benefit for those who are eligible)

Select one:

- I am a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will be** subject to Oregon personal income tax.
- I am **not** a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will not be** subject to Oregon personal income tax.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury.

| | |
|--|------|
| Applicant's signature (Required for Section D – Residency) | Date |
|--|------|

Section E: Working after retirement acknowledgement

By signing in Section G, I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees](#).

Section F: Acknowledgement of Receipt of Federal Tax Information Disclosure

By signing in Section G, I acknowledge that I have received and read the [Federal Tax Information Disclosure](#).

- I waive my right to the 30-day period for reviewing the Federal Tax Information Disclosure. (optional)

Section G: Member signature (Required)

I hereby declare that all statements on this page are true to the best of my knowledge and belief.

| | |
|---|------|
| Applicant's signature (Required for benefit processing) | Date |
|---|------|

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.
 In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 888-320-7377 or TTY 503-603-7766.
 Form #459-364 (3/6/2024) SL3 IIM Code: 2163

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

NO ALTERATIONS OR CORRECTIONS ARE ALLOWED ON THIS PAGE

Section H: Retirement options (Required - Select only ONE of the 13 options below)

Non-Survivorship Options:

1. Option 1
2. Refund Annuity
3. 15-Year Certain
4. Lump-Sum Option 1
5. Total Lump-Sum

You must name your beneficiary(ies) in Section K.
Do NOT name a beneficiary in the below Survivorship option beneficiary area.

Survivorship Options:

6. Option 2
7. Option 2A
8. Option 3
9. Option 3A
10. Lump-Sum Option 2
11. Lump-Sum Option 2A
12. Lump-Sum Option 3
13. Lump-Sum Option 3A

You must name your beneficiary here.
You may only name one person.
Do NOT complete Section K

| |
|---|
| Survivorship option beneficiary ONLY |
| Beneficiary name (Required) |
| Beneficiary date of birth - mm/dd/yyyy (Required) |
| Beneficiary Social Security number (Requested) |
| Relationship to you (Required) |

Section I: Verification of Age (Required) – see instructions for acceptable documentation

- I am submitting acceptable **verification of age to PERS** with my retirement application to verify my date of birth.
- I selected a survivorship option (6-13 above) and am submitting my beneficiary's **verification of age to PERS**.

Section J: Member declaration and Spousal consent – notarized signatures (Required)

Do not complete any portion of this section until you are with the notary.

Member and spouse (if married) must sign in the presence of a notary.

| | | | |
|---|-----------|--|-----------|
| Member declaration of marital status (Required) <input type="checkbox"/> As of my effective retirement date, I am married. <input type="checkbox"/> As of my effective retirement date, I am single. | | Spousal consent (Required if married) By my notarized signature below, I consent to the option and beneficiary my spouse selected. | |
| Applicant's signature | Date | Spouse's signature | Date |
| Notary Public | | Notary Public | |
| State of | County of | State of | County of |
| Applicant name | | Spouse name | |
| Signed before me on this date | | Signed before me on this date | |
| By (notary's signature) | | By (notary's signature) | |

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

Section K: Non-survivorship option beneficiary designation

This Section is not for all members

ONLY complete this section if you chose a **non-survivorship option (Box # 1 – 5 in Section H):**
Option 1, Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum

Select only **one** Standard or Specific:

STANDARD - I elect to use the **Standard** beneficiary designation. **Do not complete table below.**

SPECIFIC - I elect to use the **Specific** beneficiary designation. **Complete the table below.**

| Specific Primary beneficiary #1 | | If living; otherwise, to #1 alternate beneficiary(ies). | | | |
|---|--|---|---------------|--------------|------------|
| #1 | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1 | | | | | |
| #1a | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| #1b | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |

| Specific Primary beneficiary #2 | | If living; otherwise, to #2 alternate beneficiary(ies). | | | |
|---|--|---|---------------|--------------|------------|
| #2 | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2 | | | | | |
| #2a | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| #2b | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |

Check this box if you want PERS to apply the following: If any of the named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

I understand these beneficiary designations become effective on my retirement date. (See instructions for details.)

| | |
|--|------|
| Applicant's signature (Required for Section K – Non-survivorship beneficiary designation) | Date |
|--|------|

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

Section L: Tier One/Tier Two lump-sum distribution installments

This Section is not for all members

ONLY complete this section if you chose a **lump-sum option**
(Box # 4, 5, 10, 11, 12, or 13 in Section H)

Total Lump-Sum, Lump-Sum Option 1, Lump-Sum Option 2, Lump-Sum Option 2A, Lump-Sum Option 3, or Lump-Sum Option 3A

You can receive your lump-sum in one, two, three, four, or five annual payments. Check the appropriate box below to indicate how many installments you want to receive, and then enter the percentage you want for each installment. The minimum installment is 1%. The total must equal 100%. (Select only one.)

| | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> 100% | <input type="checkbox"/> Two installments: | <input type="checkbox"/> Three installments: | <input type="checkbox"/> Four installments: | <input type="checkbox"/> Five installments: |
| 1st <input type="text"/> <input type="text"/> % | 1st <input type="text"/> <input type="text"/> % | 1st <input type="text"/> <input type="text"/> % | 1st <input type="text"/> <input type="text"/> % | 1st <input type="text"/> <input type="text"/> % |
| 2nd <input type="text"/> <input type="text"/> % | 2nd <input type="text"/> <input type="text"/> % | 2nd <input type="text"/> <input type="text"/> % | 2nd <input type="text"/> <input type="text"/> % | 2nd <input type="text"/> <input type="text"/> % |
| <input type="text"/> <input type="text"/> <input type="text"/> % | 3rd <input type="text"/> <input type="text"/> % | 3rd <input type="text"/> <input type="text"/> % | 3rd <input type="text"/> <input type="text"/> % | 3rd <input type="text"/> <input type="text"/> % |
| | <input type="text"/> <input type="text"/> <input type="text"/> % | 4th <input type="text"/> <input type="text"/> % | 4th <input type="text"/> <input type="text"/> % | 4th <input type="text"/> <input type="text"/> % |
| | | <input type="text"/> <input type="text"/> <input type="text"/> % | 5th <input type="text"/> <input type="text"/> % | 5th <input type="text"/> <input type="text"/> % |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> % | <input type="text"/> <input type="text"/> <input type="text"/> % |

Section M: Tier One/Tier Two lump-sum payment distribution

This Section is not for all members

ONLY complete this section if you chose a **lump-sum option**
(Box # 4, 5, 10, 11, 12, or 13 in Section H)

Total Lump-Sum, Lump-Sum Option 1, Lump-Sum Option 2, Lump-Sum Option 2A, Lump-Sum Option 3, or Lump-Sum Option 3A

- Do not roll over. Send distribution(s) directly to me, or [direct deposit](#) to my bank account. Complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form. **Continue to next section.**
- Roll over my distribution(s).

Subsections 2a, 2b, and 2c must be completed. Complete one line only under each 2a and 2b.

2a. Roll over _____ % of my distribution, **or**
Roll over \$ _____ of my distribution.

- 2b.** Roll to: Traditional IRA.
 Roth IRA.
 Oregon Savings Growth Plan (OSGP).

You must be a current OSGP participant to roll over your installment(s) to OSGP.

- Another deferred compensation or employer plan.

You must have an **authorized representative of the plan complete** the [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form and **submit it with your application** if you check this box.

2c. Provide all requested information for your financial institution or employer plan for your rollover below.

| | | | |
|---|----------------|--------------|----------|
| Rollover check will be made payable to (financial institution or employer plan name): | | | |
| Address | City | State | ZIP code |
| Account number (Required. See instructions) | Contact person | Phone number | |

Note: Rollover checks will be made payable based on the information you provide above and mailed directly to the financial institution/employer plan. Please verify complete, clear, accurate information is provided.

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

Section N: Variable election

This Section is not for all members

ONLY complete this section if you have a Tier One/Tier Two **Variable Account** in addition to your Regular Account. (A variable account will be identified as such under the Tier One/Tier Two section of your Member Annual statement)

Do you want to **discontinue participation** in the Variable Annuity at retirement? **(Select one below)**

- Yes.
- No. I understand by remaining in the Variable Annuity this will cause my benefit to increase or decrease.

Section O: Police officer and firefighter units

This Section is not for all members

ONLY complete this section if you are or were a police officer or firefighter who has participated in or recently made a purchase of **P&F Units**

1. Will you be 65 or older on your effective retirement date requested in Section B? **(Select one below)**

- Yes.** You will receive your units at retirement as a single lump payment. (Select one below to complete Section O)
- Send my lump units payment directly to me, or [direct deposit](#) to my bank account. **(Complete the [W-4R Tier One/Tier Two Lump Sum Withholding form](#).)**
- I want to rollover my lump units payment. **(Complete the [Rollover-Eligible Distribution form](#). In Section B of the Rollover-Eligible Distribution form, check the box labeled “P&F Excess Dollars”. Submit the form with your retirement application.)**
- No.** Please continue to complete the remainder of Section O.

2. I would like my police officer and firefighter units benefit effective: **(Select one below)**

- On my selected retirement date in Section B to be paid over _____ months. **Complete #3 below.**
Number
- Delayed until _____ 1, _____ to be paid over _____ months. **Do not complete #3 below.**
Month Year Number

3. If you elected to receive your units based on the retirement date in Section B and your unit account balance on that date exceeds \$4,000.00, you will receive any amount above \$4,000.00 as a single lump payment called P&F Excess.

If your P&F Excess payment is \$200 or more, the payment will be eligible to be rolled over into an IRA or other deferred compensation or eligible employer plan.

If, when my P&F unit balance is calculated, it results in an amount that is rollover eligible: (Select one below)

- Send my P&F Excess payment directly to me, or [direct deposit](#) to my bank account. (Complete the [W-4R Tier One/Tier Two Lump Sum Withholding form](#).)
- I want to rollover my P&F Excess payment. **(Complete the [Rollover-Eligible Distribution form](#). In Section B of the Rollover-Eligible Distribution form, check the box labeled “P&F Excess Dollars”. Submit the form with your retirement application.)**

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

Section P: IAP distribution option
(For most members who worked for a PERS-participating employer in 2004 or after)

If you have an IAP account, select only one from the six choices below and follow the instructions based on your selection. If you do not have an IAP account, Sections P, Q, and R do not apply to you.

1. One-time lump-sum distribution (**rollover eligible**). **Complete Section Q.**
 Fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100 % of your distribution.

2. 5-year installment distribution (**rollover eligible**).
Select frequency: Monthly Quarterly Annually **Complete Section Q.**
 Fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100 % of your distribution.

3. 10-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: Monthly Quarterly Annually **Skip Section Q.**

4. 15-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: Monthly Quarterly Annually **Skip Section Q.**

5. 20-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: Monthly Quarterly Annually **Skip Section Q.**

6. Anticipated Life-Span Option installments – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: Monthly Quarterly Annually **Skip Section Q.**

Section Q: IAP payment distribution

This Section is not for all members

Only complete this section if you selected one-time lump-sum (#1) or a 5-year installment (#2) in **Section P**.

1. Do not roll over. Send distribution(s) directly to me, or [direct deposit](#) to my bank account. **Continue to Section R.**
2. Roll over my distribution(s).
Subsections 2a, 2b, and 2c must be completed. Complete one line only under each 2a and 2b.

2a. Roll over _____ % of my distribution, **or**
 Roll over \$ _____ of my distribution.

- 2b.** Roll to: Traditional IRA.
 Roth IRA.
 Oregon Savings Growth Plan (OSGP).
You must be a current OSGP participant to roll over your installment(s) to OSGP.
 Another deferred compensation or employer plan.
You must have an authorized representative of the plan complete the [IAP Direct Transfer Rollover Acceptance](#) form and submit it with your application if you check this box.

2c. List the name of your financial institution or employer plan name for your rollover below.

| |
|--|
| Rollover check should be made payable to: ▶ |
|--|

Note: All IAP rollover checks other than to the OSGP will be mailed to you with the financial institution as the payee.

| | | | |
|-----------------------|----|----------------------|-----------------------------------|
| First name (required) | MI | Last name (required) | Social Security number (required) |
|-----------------------|----|----------------------|-----------------------------------|

Section R: IAP beneficiary designation (Required - Select only one Standard or Specific)

STANDARD - I elect to use the **Standard** beneficiary designation. **Do not complete table below.**

SPECIFIC - I elect to use the **Specific** beneficiary designation. **Complete the table below.**

| Specific Primary beneficiary #1 | | If living; otherwise, to #1 alternate beneficiary(ies). | | | |
|---|--|---|---------------|--------------|------------|
| #1 | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1 | | | | | |
| #1a | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| #1b | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |

| Specific Primary beneficiary #2 | | If living; otherwise, to #2 alternate beneficiary(ies). | | | |
|---|--|---|---------------|--------------|------------|
| #2 | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2 | | | | | |
| #2a | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |
| #2b | Full name | Social Security # | Date of birth | Phone | Percentage |
| | <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust | Email or address | | Relationship | |

Check this box if you want PERS to apply the following: If any of the named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

I understand this beneficiary designation becomes effective on my retirement date.

| | |
|---|------|
| Applicant's signature (Required for Section R: IAP beneficiary designation) ▶ | Date |
|---|------|

Return completed application, additional forms and documents to PERS at PO Box 23700, Tigard OR 97281-3700, or fax to 503-598-0561.



Department of the Treasury
Internal Revenue Service

Complete and sign both parts of this form and mail to: PERS, PO Box 23700, Tigard, OR 97281-3700 or fax to 503-598-0561

Account type (Select all that apply for this withholding). To indicate different withholdings for each account, complete a separate form W-4P for each account.

- Pension (Tier One/Tier Two / OPSRP)
 IAP installments of 10 years or longer
 Alternate payee benefit
 Judge member benefit
 Tier One/Tier Two P&F unit benefit
 Beneficiary benefit
 Disability benefit

| | | |
|---|--|--|
| Form W-4P Department of the Treasury Internal Revenue Service Part A | <h2 style="margin:0;">Withholding Certificate</h2> <h3 style="margin:0;">for Periodic Pension or Annuity Payments</h3> <p style="margin:0;">Give Form W-4P to the payer of your pension or annuity payments.</p> | OMB No. 1545-0074 <h1 style="margin:0;">2024</h1> |
|---|--|--|

| | | | |
|---|--|-----------------|---|
| Step 1: Enter Personal information | (a) First name and middle initial _____ | Last name _____ | (b) Social Security number (SSN)* _____ |
| | Address _____ | | SSN required. Forms without SSN will be rejected |
| | City or town, state, and ZIP code _____ | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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 page 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, 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 3 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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 "0-0"..... ▶ \$ _____

(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 "0-0"..... ▶ \$ _____

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

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. 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 4 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 |
|------------------------------------|---|------------------------|

For Privacy Act and Paperwork Reduction Act Notice, see Instructions and worksheets page 4

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.



Important!

Part A will not be processed if either your SSN or your signature is missing from Part A.

Part B will not be processed if either your SSN or your signature is missing from Part B.

Oregon State tax withholding will be calculated based upon single marital status and zero allowances unless you complete Part B or have an existing Oregon State tax withholding on file with PERS.

See attached Form OR-W-4 Instructions following the federal instructions.

Non-Oregon residents who do not want Oregon State income tax withheld should enter exemption code M on line 4a and write "Exempt" on line 4b in Part B.

Oregon residents see other exemption codes on page 3 of OR-W-4 instructions.

| | | | |
|---|---|---|--|
| Form OR W-4 Part B | Oregon Withholding Statement and Exemption Certificate | | 2024 |
| Oregon Department of Revenue Page 1 of 1 150-101-402 (Rev. 08-18-23, ver. 01) | | | |
| First name and middle initial | Last name | Social Security number* | <input type="checkbox"/> Redetermination |
| Home address (number and street or rural route) | | SSN required. Forms without SSN will be rejected | |
| City or town, state, and ZIP code | | | |

Note Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- 1 **Select one:** Single Married Married, but withholding at the higher single rate.
Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a non-U.S. citizen without permanent resident status.
- 2 **Allowances.** Total number of allowances you're claiming on line **A4, B15, or C5. See worksheets in the instructions.**
If you skip the worksheets and aren't exempt, **enter 0**..... 2. _____
- 3 **Additional amount,** if any, you want withheld from each paycheck..... 3. _____ .00
- 4 **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
- Enter your exemption code. (See instructions)..... 4a. _____
 - Write "Exempt"..... 4b. _____

Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

| | |
|--|------|
| Employee's signature (This form isn't valid unless signed) | Date |
|--|------|

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

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 territories.

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.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

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, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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(b).

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.

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 2024 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 2024, 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 2024 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 $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ | 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: • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly 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 territories 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.

Form OR-W-4 Instructions

Oregon Withholding Statement and Exemption Certificate

2024

Purpose of this form

Use Form OR-W-4 to tell your employer or other payer how much Oregon income tax to withhold from your wages or other periodic income.

Instructions for employer or other payer. Enter the business name, federal employer identification number (FEIN), and address in the “Employer use only” section of Form OR-W-4. Keep the completed form with your records. For more information and additional instructions, see Publication 150-211-602, *W-4 Information for Employers*, and the additional resources listed on page 4.

Complete Form OR-W-4 if:


- You’re starting a new job with an employer who must withhold Oregon tax from your pay.
- You’re receiving a pension or annuity and the payer must withhold Oregon tax from each payment.
- You’ve had a recent personal or financial change that affects your taxes, such as a change in your income, filing status, or number of dependents.
- You weren’t satisfied with the amount of Oregon tax you owed or had refunded to you when you filed a recent return.
- You filed a federal Form W-4 with your employer after 2017 that didn’t specify withholding allowances for Oregon.

The worksheets in these instructions are designed to help you estimate the amount of Oregon tax your employer should withhold from your pay. For a more **accurate** estimate, use the **Oregon Withholding Calculator** at www.oregon.gov/dor before you complete Form OR-W-4.

Pension and annuity withholding. Use Form OR-W-4 to designate the Oregon withholding from your pension, annuity, or other periodic payments.

Questions to consider:

- Do you (including your spouse) **have more than one job**?
- Do you expect your wages or your total income for 2024 to be **more than \$100,000** (or **\$200,000** if you’re married and will file a joint return with your spouse, or you’re a recent widow(er))?
- Are you making **mid-year changes** to your withholding?
- Do you receive **pension or annuity payments**?
- Do you live outside Oregon, or did you move to Oregon this year?
- Are you a **non-U.S. citizen without permanent resident status**?

 If you answered **yes** to **any** of these questions, read the “Specific information” section in these instructions before completing the worksheets or Form OR-W-4. Consider using the online **Oregon Withholding Calculator** at www.oregon.gov/dor instead of the worksheets for more accurate results.

General information

What is Oregon income tax withholding?

Oregon income tax must be paid during the year as you earn or receive your income. Employers and certain other payers are required by law to set aside (withhold) part of your paycheck or other payment for taxes that they send to the Department of Revenue on your behalf every time they pay you. “Withholding” refers to the portion of income that your employer or other payer holds back from each paycheck or other payment.

How is the amount of Oregon income tax withholding determined?

The amount that the employer or other payer must withhold depends on several things, such as:

- Your income.
- Your marital status.
- The number of children or other dependents you have.

Allowances. Depending on your situation, some of your income might not be subject to withholding. Each allowance reduces the amount of income that is withheld from each payment. The worksheets in these instructions will help you determine how many allowances you may claim.

Additional withholding. You may want to have more money withheld from each payment. If you have other income that isn’t subject to withholding, requesting additional withholding on Form OR-W-4 may help you avoid owing tax on that other income when you file your tax return.

You report your marital status, allowances, and any additional amount you want withheld by completing Form OR-W-4 and submitting it to your employer or other payer. They will use this information, along with Publication 150-206-436, *Oregon Withholding Tax Formulas*, to withhold a specific amount each pay period.

What if too much or not enough is withheld?

If you have too much tax withheld, you may have a refund when you file your tax return. This is money that you couldn’t use during the year when you might have needed it.

If you have too little tax withheld, you may owe tax when you file your tax return, plus penalty and interest. This is money that you might have used during the year but will need to pay when you file your return after the year ends. See Publication OR-17 for penalty and interest information.

Why can’t the federal form be used for all withholding?

Oregon employees used to be able to use federal Form W-4 for both their federal and Oregon withholding. In 2020, the Internal Revenue Service made some major changes to the

way that federal withholding is done. They changed Form W-4 in such a way that it can no longer be used for Oregon withholding purposes. Similar changes were made to Form W-4P, for withholding from pensions and annuities, starting in 2022. You must use Oregon's Form OR-W-4 instead.

How often does Form OR-W-4 have to be submitted?

Complete and submit a new Form OR-W-4 when you start a new job and whenever your tax situation changes. This includes changes in your income, marital status, and number of dependents.

Note: If you are claiming an exemption from Oregon withholding, you must submit a new Form OR-W-4 by February 15 every year if you continue to qualify for exemption. See the instructions for line 4.

What will happen if no Form OR-W-4 is submitted?

Your employer or other payer will refer to your most recent withholding form to determine your withholding. If no Form OR-W-4 has been submitted, they will withhold for Oregon based upon the following order:

- An Oregon-only version of the federal Form W-4 for a year prior to 2020, or federal Form W-4P for a year prior to 2022.
- Federal Form W-4 for a year prior to 2020, or Form W-4P for a year prior to 2022.
- Eight percent of your wages or other income subject to withholding.

What will happen if the information on the form is false?

You may be assessed a penalty of \$500 if there is no reasonable basis for the instructions you're giving your employer or other payer using Form OR-W-4.

Specific information

Two earners or multiple jobs. See the instructions for **Worksheet C** or use the online withholding calculator if you have more than one job at a time or will file a joint return with a working spouse.

Wages or adjusted gross income (AGI)* that exceed the threshold. Your income level affects your withholding. Do you expect to have wages or AGI on your 2024 return that are **more than \$100,000** (or **\$200,000** if using the married filing jointly or the qualifying surviving spouse filing status)? If so, you may want to request additional withholding. Consider using the online calculator to determine the correct amount to put on your Form OR-W-4.

***Helpful tip: AGI.** Your AGI is your total income minus federal adjustments to income. This amount on your 2023 federal Form 1040 may help you estimate your 2024 AGI.

Mid-year changes. If you claimed too many allowances for the first part of the year, your withholding may not cover all of your tax when you file your return. Use the online calculator to determine the additional amount you need withheld to make up for the shortage. If you don't change

your withholding, you may owe tax, penalties, and interest when you file your return. See Publication OR-17 for penalty and interest information.

Pension or annuity payments. If you've opted out of federal withholding from a pension, annuity, or other periodic payment, you're automatically opted out of Oregon withholding also. If you're not having tax withheld from this income, you may be required to make estimated tax payments. See Publication OR-ESTIMATE to determine the amount of estimated tax payments you need to make.

If you elect to have Oregon tax withheld from your pension or annuity payment, where the tax must be withheld at a certain percentage, you can't claim allowances on Form OR-W-4, but you may request additional withholding.

Exemption from withholding. You may be in a situation where none of your income is subject to Oregon tax. In that case, your income may be exempt from withholding. The exemption period depends on the type of income you have. **For wages, the exemption ends on February 15th of the following year.** For commercial annuities, employer deferred compensation plans, and individual retirement plans where an election to have no withholding may be made, the exemption ends when you notify the payer in writing that you revoke the election. See the instructions for line 4.

Part-year and nonresidents. Have you recently moved to Oregon, or do you live outside the state? If so, you'll report your Oregon income and deductions in the Oregon column of your part-year or nonresident tax return. Use only the amounts that will be in the Oregon column when you complete Worksheet B or C, or use the online withholding calculator for more accurate results.

Non-U.S. citizen without permanent resident status. If all or a portion of your wages are exempt from federal withholding, these wages are also completely or partially exempt from Oregon withholding. Submit federal exemption Form 8233 to your employer to exempt all or part of your wages from Oregon withholding.

If any portion of your wages is not exempt, submit Form OR-W-4 to your employer. You may not qualify to claim certain deductions from your Oregon income, so you will need to take extra steps to ensure that your withholding is adequate. Follow the instructions below when completing Form OR-W-4:

- **Line 1.** Check the "single" box regardless of your marital status.
- **Line 2.** Usually, you should claim -0- withholding allowances. However, if you complete the worksheets, follow the instructions below.
 - Complete Worksheet B using amounts that will be included in the Oregon column of your return.
 - Once you have completed all applicable worksheets, subtract 1 allowance from the number on line A4, B15, or C5.
- **Line 4.** Don't claim exempt due to "no tax liability" or for the portion of your wages exempted on federal Form 8233.

Form OR-W-4 line instructions

For the form and all worksheet instructions, terms such as “pay,” “paycheck,” and “wages” also refer to pensions, annuities, and other periodic payments, and the word “employer” also refers to other payers.

Type or clearly print your name, Social Security number (SSN), and mailing address.

Note. You must enter an SSN. You can't use an individual taxpayer identification number (ITIN).

Redetermination check box. If the department issued a determination letter to your employer specifying the amount your employer needs to withhold from your wages and you want to decrease your withholding, you must have a personal or financial change affecting your tax situation. If you do, mark the “Redetermination” check box. Provide a copy to your employer and send a copy with **all** of the applicable worksheets filled out to the department at:

ADP OR-W-4 Project
Oregon Department of Revenue
PO Box 14560
Salem, OR 97309

Line 1. If you anticipate using the single, married filing separately, or head of household filing status when you file your 2024 return, mark “Single.”

If you anticipate using the married filing jointly or qualifying surviving spouse filing status when you file your 2024 return, mark “Married.” If you meet the married filing jointly qualifications, but want tax withheld at the higher “single” rate, mark “Married, but withhold at the higher single rate.”

For the qualifications of each filing status, see federal Publication 501, *Exemptions, Standard Deduction, and Filing Information*.

Line 2. Complete all applicable worksheets. Enter the allowances from **Worksheet A**, line A4, **Worksheet B**, line B15, or **Worksheet C**, line C5.

Line 3. If you choose to have an additional amount withheld from your pay, enter the amount that you want withheld from each paycheck. If you completed **Worksheet C**, line C8 may direct you to claim an additional amount per paycheck.

Line 4. If you're claiming **exemption from withholding**, you must meet one of these requirements:

- Your wages must be exempt from Oregon taxation, or
- You must meet the qualification for having no tax liability.

To claim exemption due to **no tax liability**, you must meet **both** of the following conditions:

- Last year you had the right to a refund of **all** Oregon tax withheld because you had **no** tax liability, **and**
- This year you expect a refund of **all** Oregon income tax withheld because you expect to have **no** tax liability.

To claim exempt, enter the corresponding code from the **Exemption chart** on line 4a. Enter only one exemption code, even if more than one applies. Write “Exempt” on line 4b.

Note: For wages, exemptions end February 15th of the following year. A new Form OR-W-4 must be completed and submitted to your employer each year.

Exemption chart

| Exemption | Code |
|--|----------|
| Air carrier employee | A |
| American Indian enrolled tribal member living and working in Indian country in Oregon. | B |
| Amtrak Act worker | C |
| Casual laborer | D |
| Domestic service worker | E |
| Hydroelectric dam worker at the Bonneville, John Day, McNary, or The Dalles dam. | F |
| Military pay for nonresidents stationed in Oregon and their spouses, residents stationed outside Oregon, and service members or spouses treated as nonresidents for tax purposes. | G |
| Minister who is duly ordained, commissioned, or licensed and performing duties in their ministry or a member of a religious order performing duties required by their order. | H |
| Real estate salesperson under a written contract not to be treated as an employee. | J |
| Waterway worker | K |
| No tax liability. See above for definition. | L |
| Nonresident who expects a refund of all Oregon income tax withheld because their wages won't be subject to Oregon tax. | M |

Sign and date Form OR-W-4. Submit Form OR-W-4 to your employer. **Don't** complete the employer's information. Keep the worksheets with your tax records.

Worksheet instructions

Worksheet A—Personal allowances

Note: If your annual wages from this job are more than \$100,000 and you're marking “Single” or “Married, but withhold at the higher single rate” (\$200,000 if you're marking “Married”), skip Worksheet A and claim zero allowances on Form OR-W-4.

Line A3. Dependents. Enter the total number of all qualifying children and qualifying relatives you are able to claim as dependents on your Oregon return. See the “Exemption credit” section of Publication OR-17 for dependent qualifications.

Worksheet B—Deductions, adjustments, credits, and nonwage income

Line B1. If you have large amounts of **nonwage income**, such as interest, dividends, or self-employment income, consider making estimated tax payments. For required payments and other information, see Publication OR-ESTIMATE. You may also request additional withholding from each paycheck. Otherwise, you may owe additional tax when you file your return, together with interest on any underpayment of required estimated tax payments.

Line B2. Additions are generally items the federal government doesn't tax but Oregon does. See Publication OR-17 for a list of additions and instructions.

Line B4. Enter your anticipated 2024 Oregon **deductions**. If you don't know your anticipated 2024 deductions, enter the standard deduction for your anticipated filing status.

The 2024 **standard deduction** for each filing status is:

- \$2,745 for single or married filing separately.
- \$4,420 for head of household.
- \$5,495 for married filing jointly or qualifying surviving spouse.

If you qualify for an **additional standard deduction amount** because you or your spouse are age 65 or older or blind, and you don't plan to itemize your deductions, add the additional amount to your anticipated deduction amount on line B4. If you're married (or a qualifying surviving spouse), the additional standard deduction is \$1,000; for everyone else, the additional amount is \$1,200.

Itemized deductions include items such as medical expenses that are more than 7 1/2 percent of your AGI, state and local taxes you paid (limited to \$10,000, but don't include Oregon income taxes), qualifying home mortgage interest, charitable contributions, and certain miscellaneous deductions. If you plan to itemize your deductions, enter your estimated **Oregon itemized deductions**. See Schedule OR-A Instructions for more information.

Line B7. Adjustments to income reduce your gross income, resulting in AGI on your federal return. See the instructions for federal Form 1040 and the "Adjustments" section of Publication OR-17 for more information.

Subtractions are generally items the federal government taxes but Oregon doesn't. See Publication OR-17 for a list of subtractions and instructions. **Don't** include your federal tax subtraction.

Line B10. Divide line B9 by \$3,200. Round to one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from line B9 into allowances.

Line B11. Credits reduce the amount of tax you must pay. Standard and carryforward credits can reduce your tax to zero but can't be refunded to you. Refundable credits can reduce your tax to zero and also result in a refund of any remaining amount. See Publication OR-17 for a list of credits and instructions.

Enter an estimate of the credits you will claim on your 2024 Oregon return. **Don't** include your exemption credits.

Line B12. Divide line B11 by \$249. Round using one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from B11 into allowances.

Line B13. Add lines B10 and B12. Round to the nearest whole number that is closer to zero by eliminating the decimal value. For example, round 4.3 or 4.8 to 4 and round -3.3 or -3.7 to -3.

Example 1. Roger entered -3.1 on line B10. He entered 2.4 on line B12. He will enter -0- on line B13 ($-3.1 + 2.4 = -0.7$, which is rounded to 0).

Line B15. If the result when you add lines B13 and B14 is less than zero, you may owe tax when you file your return. Request additional withholding or consider making estimated tax payments to avoid owing tax plus potential penalties and interest. See Publication OR-ESTIMATE for information about estimated payments.

Worksheet C—Two earners / multiple jobs

Use Worksheet C if you work more than one job at a time or you have a working spouse.

Line C5. For your highest paying job, enter the result of **Worksheet C**, line C5 on Form OR-W-4, line 2. For all of your lower paying jobs, claim zero allowances.

Line C8. For your highest paying job, enter the result of **Worksheet C**, line C8 on Form OR-W-4, line 3. Round to the nearest whole dollar. For all of your lower paying jobs, claim zero as the additional amount to be withheld.

Example 2. Todd is completing this form in January and has entered \$824 on line C7. For his highest paying job, he is paid every two weeks and has 25 paychecks left for the year. Todd will enter \$33 on line C8 and Form OR-W-4, line 3 ($\$824 \div 25 = \32.96 , which is rounded up to the nearest whole dollar).

Additional resources

For additional information, refer to the following publications:

- Publication 150-206-436, *Oregon Withholding Tax Formulas*.
- Publication OR-17, *Oregon Individual Income Tax Guide*.
- Publication OR-ESTIMATE, *Instructions for Estimated Income Tax*.
- Publication 150-211-602, *W-4 Information for Employers*.
- Federal Pub. 501, *Exemptions, Standard Deduction, and Filing Information*.
- Federal Form 2833, *Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual*.
- Federal Form 1040 Instructions.

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov

Contact us for ADA accommodations or assistance in other languages.

Worksheet A – Personal allowances

Note: If you marked “Single” or “Married, but withhold at higher single rate” and your annual wages for this job will be more than \$100,000 (\$200,000 if you marked “Married”), skip lines A1 through A3 and enter 0 on line A4.

- A1. Enter “1” for **yourself** if no one else can claim you as a dependent. Otherwise, enter 0..... A1.
- A2. Enter “1” for your **spouse** if your spouse **isn’t employed**. Otherwise, enter 0..... A2.
- A3. Enter the number of **dependents** you will claim on your Oregon tax return..... A3.
- A4. Add lines A1 through A3. Enter the result here and follow the instructions below..... A4.



Complete all worksheets that apply.

- **Worksheet B**—Use this worksheet if you plan to do **any** of the following on your 2024 Oregon return:
 - o Itemize your Oregon deductions or claim additional standard deduction amounts.
 - o Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
 - o Report nonwage income (such as dividends, interest, or self-employment income).
- **Worksheet C**—Use this worksheet if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed \$20,000.

If neither of the above worksheets apply, stop here and enter the number from line A4 on Form OR-W-4, line 2.

Worksheet B—Deductions, adjustments, credits, and nonwage income



Use this worksheet if you plan to do **any** of the following on your 2024 Oregon return:

- Itemize your Oregon deductions or claim additional standard deduction amounts.
- Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
- Report nonwage income (such as dividends, interest, or self-employment income).

Having your most recent Oregon tax return on hand may help you when completing this worksheet.

Don't use negative numbers unless otherwise instructed. For example, write a \$1,000 Oregon subtraction as "\$1,000", not "\$(-1,000)" or "-\$1,000". For more information, see the instructions for this worksheet starting on page 3.

| | | |
|--|------|--|
| B1. Enter your estimated 2024 nonwage income (such as dividends or interest) | B1. | <input style="width: 95%;" type="text" value=".00"/> |
| B2. Enter your estimated 2024 Oregon additions | B2. | <input style="width: 95%;" type="text" value=".00"/> |
| B3. Add lines B1 and B2 | B3. | <input style="width: 95%;" type="text" value=".00"/> |
| B4. Enter your estimated 2024 Oregon deductions . (See instructions) | B4. | <input style="width: 95%;" type="text" value=".00"/> |
| B5. Enter the standard deduction based on your anticipated 2024 filing status: | B5. | <input style="width: 95%;" type="text" value=".00"/> |
| <ul style="list-style-type: none"> • Single or Married Filing Separately: \$2,745. • Head of Household: \$4,420. • Married Filing Jointly or Qualifying Surviving Spouse: \$5,495. | | |
| B6. Line B4 minus line B5. If the result is zero or less, enter 0 | B6. | <input style="width: 95%;" type="text" value=".00"/> |
| B7. Enter your estimated 2024 federal adjustments to income and Oregon subtractions (exception —don't include the federal tax subtraction) | B7. | <input style="width: 95%;" type="text" value=".00"/> |
| B8. Add lines B6 and B7 | B8. | <input style="width: 95%;" type="text" value=".00"/> |
| B9. Line B8 minus line B3. If less than zero, enter as a negative amount | B9. | <input style="width: 95%;" type="text" value=".00"/> |
| B10. Line B9 divided by \$3,200. Round to one decimal place. If less than zero, enter as a negative amount..... | B10. | <input style="width: 95%;" type="text" value="."/> |
| B11. Enter your estimated 2024 Oregon standard, carryforward, or refundable credits (exception —don't include personal exemption credits)..... | B11. | <input style="width: 95%;" type="text" value=".00"/> |
| B12. Divide line B11 by \$249. Round to one decimal place | B12. | <input style="width: 95%;" type="text" value="."/> |
| B13. Add lines B10 and B12. If less than zero, enter as a negative amount. Round to the whole number closest to zero (See instructions) | B13. | <input style="width: 95%;" type="text"/> |
| B14. Enter the number from Worksheet A , line A4 | B14. | <input style="width: 95%;" type="text"/> |
| B15. Add lines B13 and B14. If zero or less, enter 0. (See instructions)..... | B15. | <input style="width: 95%;" type="text"/> |

If you're using **Worksheet C**, enter the result from line B15 on **Worksheet C**, line C1.
Otherwise, **stop here** and enter the result from line B15 on Form OR-W-4, line 2.

Worksheet C – Two earners / multiple jobs



If you (including your spouse) work three or more jobs at one time, consider using the **Oregon Withholding Calculator** at www.oregon.gov/dor for a more accurate calculation of your allowances.

If you don't use the online calculator, use this worksheet to figure the number of allowances to claim on the Form OR-W-4 for your **highest paying job**. For the best results, we recommend that you claim allowances only on the Form OR-W-4 you submit for your highest paying job, and that you claim zero allowances on Form OR-W-4, line 2 for all of your (or your spouse's) other jobs. Doing so will help prevent under-withholding. For more information, see the instructions for this worksheet starting on page 4.

Complete this worksheet only if you (including your spouse) have more than one job **and** the combined earnings from **all** jobs exceed \$20,000.

C1. Enter the number from **Worksheet B**, line B15. If you didn't use Worksheet B, enter the number from **Worksheet A**, line A4..... C1.

C2. Enter the indicated number based on your 2024 anticipated filing status C2.
 • **Single, Head of Household, or Married Filing Separately:** Enter "2"; **however**, if two of your jobs individually exceed \$40,000, enter "4".
 • **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3"; **however**, if two of your jobs individually exceed \$50,000, enter "6".

C3. If you (including your spouse) will work three or more jobs at the same time at any point during the year, enter the indicated number for your 2024 anticipated filing status. Otherwise, enter 0 C3.
 • **Single, Head of Household, or Married Filing Separately:** Enter "2".
 • **Married Filing Jointly or Qualifying Surviving Spouse:** Enter "3".

C4. Add lines C2 and C3.....C4.

C5. Is line C1 **less** than line C4?
 • **Yes.** Enter 0 on line C5 and on Form OR-W-4, line 2. Continue with lines C6 through C8 to figure the additional withholding amount necessary to avoid owing tax with your return.
 • **No.** Line C1 minus line C4. Enter the result on line C5 (if zero, enter 0) and on Form OR-W-4, line 2. **Don't** complete the rest of this worksheet.....C5.

C6. Line C4 minus line C1C6.

C7. Line C6 multiplied by \$249C7.

C8. Line C7 divided by the number of **paychecks remaining in 2024** for the highest paying job and rounded to the nearest dollar. Enter the result here and on Form OR-W-4, line 3. This is the additional amount to be withheld from each paycheck..... C8.

Reminder: If you're requesting additional withholding for part of the year, remember to check your withholding again early next year.

Instructions for the Domestic Authorization Agreement for Automatic Deposits

General information

PERS encourages you to deposit your benefit payment directly to your bank or other financial institution for all of the following reasons:

- The deposit should always be on time rather than dependent on mail delivery.
- There is no risk your benefit payment will be stolen or lost.
- If you are on vacation or ill, you will not have to arrange for your benefit to be deposited by someone else.

Optional — Tape your voided or canceled check to the back of the form. **Do not attach a deposit slip.**

If faxing, fax voided or canceled check as a separate page 2, labeled with your PERS ID or Social Security number.

The diagram shows a check with the word "Void" written across it. The check is addressed to "PERS Retiree, 1234 NW Center Street, Anytown, OR 20000". The payee is "PERS Retiree". The amount is "\$ 1234". The bank is "ANYTOWN BANK, Anytown, OR 20000". The routing number is "123456789" and the account number is "0000987654321". A note says "Do NOT include the check number." and "1234" is written next to it. The date is "1234".

Review the blank check guide for information on where the routing and account numbers are located on your checks.

PERS must coordinate with your financial institution, and your first monthly check may be mailed to you. Future changes to your account number may result in a monthly check being mailed to you. Therefore, you should always maintain a current mailing address with PERS via your [Online Member Services](#) (OMS) account or by using the [Information Change Request](#) form. Typically, forms received by the 15th of the month will be effective for the following month's benefit payment.

An information stub will be mailed three times per year to your current mailing address.

Section A: Applicant information

- Fill this section out completely. Type or print clearly in dark ink. Illegible forms may be returned to applicant.
- Check which plan(s) this automatic deposit applies to.
Note: If you have more than one plan and want the benefits to go to two separate accounts, you must fill out a separate Domestic Authorization Agreement for Automatic Deposits form for each account.
- Check a box to let us know if the funds will be deposited into a checking, savings, or business account.
- Provide the required information about your account: account number, routing number, and financial institution.

Section B: Certification signatures (Required)

- Applicants and joint account holders need to read the certification statements.
It violates this agreement if the entire amount of your direct deposit payment is deposited or transferred to a bank outside of the U.S. If this situation applies to you, do not complete this form. You must be paid by check.
- **Applicant: Sign and date the form. (Required)**
- **Any and all joint account holders must also sign and date the form. (Required)** If more than one joint account holder exists, each joint account holder's printed name and signature must be present in the joint account holder's certification field. If there are more than two joint account holders, they may sign side by side in the joint account holder field, or they may each sign on separate forms. However, each form will require the member's signature and account information. When joint account holders sign on individual forms, submit all forms together. **Include a death certificate for any deceased joint account holder whose name appears on your voided check.**



Domestic Authorization Agreement for Automatic Deposits

This form is strictly for direct deposits to banks within the United States.

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 ID (optional) |
| Mailing address (street or PO box) | | | Social Security number (SSN)* |
| City | State | ZIP code | Date of birth (mm/dd/yyyy) |
| Home phone number | Work phone number | Cell phone number | Personal email |

Which plan is this for? (Check all that apply)

- Tier One/Tier Two
 Individual Account Program (IAP)
 OPSRP Pension
 Alternate Payee
 Beneficiary
 P&F Units
 Other _____

Type of account (check one)

- Checking** (Attach a voided or canceled check.)
 Savings (Do not attach a voided or canceled check.)
 Business (Check this box if the checking or savings account is set up at your bank as a business or commercial account.)

| | |
|-------------------------------|--|
| Name of financial institution | Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.) |
|-------------------------------|--|

| | |
|---|----------------|
| Financial institution address and phone number (optional) | Routing number |
|---|----------------|

Section B: Certification signatures (Handwritten signatures(s) required, electronic and digital signatures are not accepted.)

Applicant certification - Required

I certify I have read and understand the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for withdrawing the funds. Additionally, I certify that the entire amount of my direct deposit is not deposited or transferred to a foreign financial institution.**

Signature of payee _____
 Date _____

Joint account holder's certification - Required

I certify I have read this form and understand I must advise PERS of the death of the above named applicant and that funds deposited into the account listed below after the date of death are to be refunded to PERS.

Print joint account holder name _____ Print additional joint account holder name(s), if any _____
 Signature of joint account holder _____ Date _____
 Signature of additional joint account holder(s) _____ Date _____

Section C: Revocation instructions

This authorization is to remain in full force and effect until the Oregon Public Employees Retirement System (PERS) has received a new Domestic Authorization Agreement for Automatic Deposits form from me or written notification from me of its termination in such time and manner as to afford PERS and the financial institution a reasonable opportunity to act on it.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. It could also be used for the recovery of overpaid funds. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

**To comply with NACHA regulations regarding International ACH Transactions (IAT), PERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit will be received by or transferred to a financial institution outside the territorial jurisdiction of the U.S., do not submit this form, you must be paid by check.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



12315

W-4R IAP Lump Sum Withholding

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

Section A: Applicant information (SSN Required. Forms without SSN will be rejected.)

| | | | | | |
|------------------------------------|-------------------|-------------------|-----------|----------------|-------------------------------|
| First name | | MI | Last name | | PERS ID (optional) |
| Mailing address (street or PO box) | | | | | Social Security number (SSN)* |
| City | | State | ZIP code | Country | Date of birth (mm/dd/yyyy) |
| Home phone number | Work phone number | Cell phone number | | Personal email | |

Section B: Federal tax withholding

| | | |
|--|--|---|
| Form W-4R Department of the Treasury Internal Revenue Service | Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions ▶ Give Form W-4R to the payer of your retirement payments. | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2024</div> |
|--|--|---|

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
 - **For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.**
- See page 2 for more information.

| | | | |
|----------|--|----------|---|
| 2 | Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions and Marginal Rate Table on page 2 for additional information. Enter the rate as a whole number (no decimals.) | 2 | % |
|----------|--|----------|---|

| | | |
|------------------|--|---------------|
| Sign Here | ▶ Your signature (This form is not valid unless you sign it.) | ▶ Date |
|------------------|--|---------------|

Section C: Oregon tax withholding

PERS will also withhold 8% 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% will be withheld if box is not checked).

If you want to have **more than 8% 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% for Oregon state income tax.

| | | |
|------------------|--|---------------|
| Sign Here | ▶ Your signature (This form is not valid unless you sign it.) | ▶ Date |
|------------------|--|---------------|

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

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.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



12157

IAP Direct Transfer Rollover Acceptance

This form is strictly for the IAP. 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 ID | Social Security number* |
| | | | | |

Section B: Rollover Acceptance

As an authorized representative, agent, custodian, trustee, or plan administrator of an eligible employer plan or deferred compensation plan, I hereby accept the direct transfer rollover from the Oregon Public Employees Retirement Systems plan, a qualified retirement plan under Internal Revenue Code 401(a), as specified below.

Choose one here: The plan will will not accept and separately account for after tax dollars.

Section C: Rollover account information

Financial institution name _____

Rollover account number (mandatory) _____

Rollover plan type _____

Section D: Rollover mailing address and confirmation

Address _____

City _____ State _____ Zip _____

Name and title _____

Section E: Authorized signature

My signature below indicates acceptance of the rollover of contributions and earnings.

Authorized signature (do not print) _____ Date _____

If authorized representative signature is not available, have the plan administrator authorize the acceptance of the transfer by written confirmation. Call our Member Services toll-free 888-320-7377 if you have additional questions.

Please complete and return this form immediately to avoid any delay in providing benefits.

Fax or mail the Direct Transfer Rollover Acceptance form to:

Oregon PERS
PO Box 23700
Tigard, OR 97281-3700
Fax – 503-598-0561

| 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.
IAP Form #459-388 (7/31/2019) SL3 IIM Code: 12157