



Kern County Employees' Retirement Association
11125 River Run Boulevard, Bakersfield, CA 93311

Tel (661) 381-7700 • Fax (661) 381-7799 • www.kcera.org

Retirement Payment Authorization

Please complete the *Member Information* section below.

Refer to the *Additional Information and Legal Disclosures* on the following page when completing this form.

Sign and return the form, along with a copy of your current U.S. driver's license or state-issued photo ID card.

MEMBER INFORMATION (You must fill out this section in its entirety)			
Name (Last, First MI)	Social Security Number — —	Home / Cell Phone	Alternate Phone
Street Address	City	State	Zip
Email Address (<i>will be used for Member Portal registration</i>)			

ELECTRONIC DEPOSIT AUTHORIZATION (Refer to the following page for important legal disclosures)			
Financial Institution Name	Street Address		
City	State	Zip	Bank Account Number
Account Routing Number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	*KCERA cannot accommodate foreign financial institutions. *You must attach a voided check or an account verification form.	

FEDERAL & STATE TAX WITHHOLDING ELECTION (Refer to the following page for important legal disclosures)	
If you are receiving <u>more than one</u> retirement check, please indicate the account(s) for which you are making your tax withholding elections. <i>Check one:</i> <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary	
Federal Withholding Election	California State Withholding Election
<input type="checkbox"/> <i>No Withholding</i> – DO NOT withhold federal income tax <input type="checkbox"/> <i>Tax Table</i> – Withhold federal income tax according to my filing status and number of allowances as indicated: Filing status: <input type="checkbox"/> Married <input type="checkbox"/> Single Enter number of allowances: _____ <input type="checkbox"/> <i>Tax Table + Extra Amount</i> – Withhold federal income tax according to my filing status and number of allowances, plus the following amount: \$ _____	<input type="checkbox"/> <i>No Withholding</i> – DO NOT withhold state income tax <input type="checkbox"/> <i>Tax Table</i> – Withhold state income tax according to my filing status and number of allowances as indicated: Filing status: <input type="checkbox"/> Married <input type="checkbox"/> Single Enter number of allowances: _____ <input type="checkbox"/> <i>Tax Table + Extra Amount</i> – Withhold state income tax according to my filing status and number of allowances, plus the following amount: \$ _____

By signing below, I acknowledge that I have read and understand the Additional Information and Legal Disclosures attached to this form and agree to comply with the terms and conditions associated with this Request.

Member's Signature

Date Signed

***A COPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE-ISSUED ID IS REQUIRED**
***** RETURN ORIGINAL SIGNED FORM -- COPIES WILL NOT BE ACCEPTED *****

ADDITIONAL INFORMATION AND LEGAL DISCLOSURES

Address Change

If you are listing a PO Box, per the IRS, you must provide KCERA with a physical address as well. KCERA will only have the address on file. The physical address will not be used for mailing.

Electronic Deposit Authorization

I hereby make the following requests and authorizations relating to my periodic benefit payments from the employee I hereby make the following requests and authorizations relating to my periodic benefit(s) from the employee benefit plan described below: (1) I request and authorize KCERA to initiate credit entries to my Account indicated on this form; (2) I request and authorize KCERA to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named on the form to credit and/or debit any such entries to the Account.

I understand that I must be a listed account holder on the bank account provided to KCERA for the disbursement(s). I further understand that KCERA requires a voided check or an account verification form from my financial institution. I understand that I will be required to complete a new form in the event incorrect or invalid information is provided to KCERA.

The authority granted by me on this form is to remain in full force and effect until KCERA has received written notification of its termination in such time and in such manner as to afford KCERA and my Financial Institution a reasonable opportunity to act on it. I hereby discharge KCERA from all liability whatsoever for any actions taken by KCERA in accordance with the aforementioned request and authorization.

Federal & State Tax Withholding Election

Your benefit from KCERA is subject to federal and state income taxes. KCERA will withhold funds for these taxes unless you elect not to have withholdings apply. **If you do not make an election, federal income taxes will be withheld based on the assumed status of married with three allowances. The State of California also assumes a filing status of married with three allowances.**

For non-California residents: KCERA will not withhold state taxes.

I understand that KCERA cannot provide me with tax advice and that I must speak with a tax professional for direction and information on the amount of taxes to be withheld from my KCERA benefit.