



Service Retirement Application



Retirement Application Checklist

For Member, if not on file:

☐

Copy of Certified Birth Certificate

☐

Copy of Legal Identification (driver's license, passport, etc.)

☐

Copy of Certified Marriage/Domestic Partner Registration Certificate, if applicable

☐

Voided Check or Bank Direct Deposit Information

☐

Social Security Estimate, if applicable

☐

Divorce Settlement Paperwork or Domestic Relations Order, if applicable

*For Beneficiary(ies) listed in **Section 5** of application:*

☐

Copy of Certified Birth Certificate

☐

Copy of Legal Identification (driver's license, passport, etc.)

☐

If naming a Trust as a beneficiary, provide copy of Trust title page.

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Introduction

This publication provides important information, instructions for completing, and the StanCERA Application for Service Retirement.

StanCERA recommends you give as much notice as possible of your intended date of retirement. Your application may be submitted no more than sixty (60) days prior to the date of retirement.

Important Items of Note

The following is important information that you will need to be aware of prior to submitting your Service Retirement Application to StanCERA:

- Your date of retirement cannot be effective until the day after your last day on paid status with your employer (you cannot be paid by your employer on your date of retirement).
- Your retirement effective date cannot be earlier than the date StanCERA receives your application.
- You must notify your employer of your intent to retire and the effective date of your retirement.
- Incremental age adjustment makes a difference in your retirement benefit. For each quarter year increase in age your retirement benefit will increase, up to a maximum age, based on specific tiers for both general and safety plans.
- If you are a reciprocal member of another public agency, you are responsible to provide all necessary documents to the other system(s), and you must use the same retirement date with all systems in which you have reciprocal service.
- Application must be either be typed or completed in ink. If completing the application by hand, please print legibly. If application cannot be read, it may cause a delay in processing.

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2024 StanCERA Retirement Pay Schedule

StanCERA uses the County's payroll as a guideline when determining the first anticipated pay date of retirees. Effective retirement date is the day after last day of compensation by employer. StanCERA attempts to pay retirees 60 days from their last active pay date. First retirement benefit check cannot be issued until all final pay and contributions are submitted to StanCERA by the employer and all required paperwork is completed and submitted to StanCERA by retiree.

| Employment Dates: | | | Final Active Employee Pay Date | Anticipated First Retiree Pay Date |
|--------------------|----|--------------------|-----------------------------------|---------------------------------------|
| December 16, 2023 | To | December 29, 2023 | January 10, 2024 | March 1, 2024 |
| December 30, 2023 | To | January 12, 2024 | January 24, 2024 | March 1, 2024 |
| January 13, 2024 | To | January 26, 2024 | February 7, 2024 | April 1, 2024 |
| January 27, 2024 | To | February 9, 2024 | February 21, 2024 | April 1, 2024 |
| February 10, 2024 | To | February 23, 2024 | March 6, 2024 | May 1, 2024 |
| February 24, 2024 | To | March 8, 2024 | March 20, 2024 | May 1, 2024 |
| March 9, 2024 | To | March 22, 2024 | April 3, 2024 | June 3, 2024 |
| March 23, 2024 | To | April 5, 2024 | April 17, 2024 | June 3, 2024 |
| April 6, 2024 | To | April 19, 2024 | May 1, 2024 | July 1, 2024 |
| April 20, 2024 | To | May 3, 2024 | May 15, 2024 | July 1, 2024 |
| May 4, 2024 | To | May 17, 2024 | May 29, 2024 | July 1, 2024 |
| May 18, 2024 | To | May 31, 2024 | June 12, 2024 | August 1, 2024 |
| June 1, 2024 | To | June 14, 2024 | June 26, 2024 | August 1, 2024 |
| June 15, 2024 | To | June 28, 2024 | July 10, 2024 | September 3, 2024 |
| June 29, 2024 | To | July 12, 2024 | July 24, 2024 | September 3, 2024 |
| July 13, 2024 | To | July 26, 2024 | August 7, 2024 | October 1, 2024 |
| July 27, 2024 | To | August 9, 2024 | August 21, 2024 | October 1, 2024 |
| August 10, 2024 | To | August 23, 2024 | September 4, 2024 | November 1, 2024 |
| August 24, 2024 | To | September 6, 2024 | September 18, 2024 | November 1, 2024 |
| September 7, 2024 | To | September 20, 2024 | October 2, 2024 | December 2, 2024 |
| September 21, 2024 | To | October 4, 2024 | October 16, 2024 | December 2, 2024 |
| October 5, 2024 | To | October 18, 2024 | October 30, 2024 | January 2, 2025 |
| October 19, 2024 | To | November 1, 2024 | November 13, 2024 | January 2, 2025 |
| November 2, 2024 | To | November 15, 2024 | November 27, 2024 | January 2, 2025 |
| November 16, 2024 | To | November 29, 2024 | December 11, 2024 | February 3, 2025 |
| November 30, 2024 | To | December 13, 2024 | December 24, 2024 | February 3, 2025 |

2025 StanCERA Retirement Pay Schedule

StanCERA uses the County's payroll as a guideline when determining the first anticipated pay date of retirees. Effective retirement date is the day after last day of compensation by employer. StanCERA attempts to pay retirees 60 days from their last active pay date. First retirement benefit check cannot be issued until all final pay and contributions are submitted to StanCERA by the employer and all required paperwork is completed and submitted to StanCERA by retiree.

| Employment Dates: | | | Final Active Employee Pay Date | Anticipated First Retiree Pay Date |
|--------------------|----|--------------------|-----------------------------------|---------------------------------------|
| December 14, 2024 | To | December 27, 2024 | January 8, 2025 | March 3, 2025 |
| December 28, 2024 | To | January 10, 2025 | January 22, 2025 | March 3, 2025 |
| January 11, 2025 | To | January 24, 2025 | February 5, 2025 | April 1, 2025 |
| January 25, 2025 | To | February 7, 2025 | February 19, 2025 | April 1, 2025 |
| February 8, 2025 | To | February 21, 2025 | March 5, 2025 | May 1, 2025 |
| February 22, 2025 | To | March 7, 2025 | March 19, 2025 | May 1, 2025 |
| March 8, 2025 | To | March 21, 2025 | April 2, 2025 | June 2, 2025 |
| March 22, 2025 | To | April 4, 2025 | April 16, 2015 | June 2, 2025 |
| April 5, 2025 | To | April 18, 2025 | April 30, 2025 | June 2, 2025 |
| April 19, 2025 | To | May 2, 2025 | May 14, 2025 | July 1, 2025 |
| May 3, 2025 | To | May 16, 2025 | May 28, 2025 | July 1, 2025 |
| May 17, 2025 | To | May 30, 2025 | June 11, 2025 | August 1, 2025 |
| May 31, 2025 | To | June 13, 2025 | June 25, 2025 | August 1, 2025 |
| June 14, 2025 | To | June 27, 2025 | July 9, 2025 | September 2, 2025 |
| June 28, 2025 | To | July 11, 2025 | July 23, 2025 | September 2, 2025 |
| July 12, 2025 | To | July 25, 2025 | August 6, 2025 | October 1, 2025 |
| July 26, 2025 | To | August 8, 2025 | August 20, 2025 | October 1, 2025 |
| August 9, 2025 | To | August 22, 2025 | September 3, 2025 | November 3, 2025 |
| August 23, 2025 | To | September 5, 2025 | September 17, 2025 | November 3, 2025 |
| September 6, 2025 | To | September 19, 2025 | October 1, 2025 | December 1, 2025 |
| September 20, 2025 | To | October 3, 2025 | October 15, 2025 | December 1, 2025 |
| October 4, 2025 | To | October 17, 2025 | October 29, 2025 | January 2, 2026 |
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| November 1, 2025 | To | November 14, 2025 | November 26, 2025 | January 2, 2026 |
| November 15, 2025 | To | November 28, 2025 | December 10, 2025 | February 2, 2026 |
| November 29, 2025 | To | December 12, 2025 | December 24, 2025 | February 2, 2026 |

Required Documents

There are documents that are required to be submitted in order to complete the retirement process. To avoid any delay in processing, you must provide photocopies of the following documents to StanCERA with your completed application.

For member:

- ✓ Copy of Certified Birth Certificate, if not on file
- ✓ Copy of Driver's License, Passport, or other form of legal identification
- ✓ Copy of Certified Marriage or Domestic Partner Registration Certificate, if applicable
- ✓ Social Security Estimate, if applicable
- ✓ Voided check for Automatic Deposit (name and address must be pre-printed on check)

For beneficiary(ies) listed in Section 5 of application:

- ✓ Copy of Certified Birth Certificate
- ✓ Copy of Driver's License, Passport, or other form of legal identification

If divorced during StanCERA membership:

- ✓ Court endorsed Dissolution of Marriage/Partnership, Judgment and Marital Settlement Agreement, in their entirety, if not on file
- ✓ Domestic Relations Order, if applicable and if not on file

StanCERA Benefit Payment Options

At the time you retire, you will make an irrevocable election of one of the following benefit payment options. The various options determine the amount of your benefit payment and if any benefits may be payable to your named beneficiary upon your death. You may not change your retirement option choice after retirement, even if your life situation changes. Options available to each member vary depending on the member's life situation and named beneficiary. For specific questions regarding Benefit Payment Options, contact a StanCERA Member and Employer Services Specialist.

| Option | Member Benefit | Eligible Primary Beneficiary | Survivor Benefit | Beneficiary Changes Allowed |
|-------------------------|---------------------------|---|--|-----------------------------|
| Unmodified ¹ | Highest benefit available | Eligible spouse or state registered domestic partner ² or, | 60% continuance of member's benefit for life | No |
| | | Minor child(ren) ³ or, | 60% continuance of member's benefit until child reached majority | No |
| | | Any named beneficiary(ies) | Lump-sum payout of remaining contributions and interest, if any contributions remain | No |
| Option 1 | Reduced benefit | Any named beneficiary(ies) | Lump-sum payout of remaining contributions and interest, if any contributions remain | Yes |
| Option 2 | Most reduced benefit | Any named beneficiary | 100% continuance of the member's reduced benefit for the lifetime of the beneficiary for the lifetime of the beneficiary | No |
| Option 3 | Reduced benefit | Any named beneficiary | 50% continuance of the member's reduced benefit for the lifetime of the beneficiary | No |

¹ A continuance terminates upon the death of the eligible surviving spouse or state registered domestic partner. Surviving minor children are eligible for a continuance only when there is no surviving spouse or state registered domestic partner and continue until the child is no longer eligible. Lump sum payments are only in the amount of the member's remaining contributions and interest at the time of the member's death.

² Married or state registered domestic partners for at least one year prior to retirement date.

³ Under the age of 18 up to age 22 if unmarried and a full-time student.

Selecting a Retirement Date

Selecting a retirement date is an individual choice. Once you reach retirement eligibility, you can select any future date as your retirement date. However, selecting the right retirement date can ensure you have maximized your retirement benefit allowance. There are some items to consider when selecting your retirement date.

- Age Factors
 - For each quarter year date, based on your birthday, your age factor increases to the maximum allowed per retirement tier.
- April 1st Cost-of-Living Adjustment
 - If you are planning to retire in the spring, you must retire before April 1st to be eligible to receive the annual cost-of-living adjustment for that year.
- Retire on the Day After Employment Separation Date
 - If you are retiring from active work, your retirement date should be the day after your last day of work or leave that is a normal workday for you. This will be your employment termination date and your last day on your employer's payroll.
 - If you are retiring from deferred status, (no longer working for a StanCERA employer or reciprocal retirement system) you may choose any future day to retire.

Change of Retirement Date or Withdrawal of Retirement Application

An Application for Service Retirement may be withdrawn, or retirement date changed, by submitting a written request to StanCERA prior to the effective date of retirement. A withdrawal of application or change in retirement date will not serve to automatically reinstate your status as an employee. This is a separate issue between you and your employer, and the outcome will have no effect on your eligibility to receive retirement benefits. If your updated retirement date is changed to more than 60 days from initial date or members who withdraw their retirement application will be required to repeat the application process when they are ready to retire at a future date.

Reciprocal Retirement System Membership

If you have reciprocal membership with another retirement system, there are guidelines that must be followed to ensure the reciprocal benefits are received.

An application must be submitted to all reciprocal retirement agencies with the same date of and same type of retirement. Every retirement system has its own application procedures. It is suggested to contact each system separately regarding the application process. Once the applications are submitted, the retirement systems will coordinate accordingly.

For information on “Reciprocity” visit www.stancera.org.

Divorce, Legal Separation, or Termination of Domestic Partnership

Retirement benefits earned during marriage or state registered domestic partnership are considered community property assets. These benefits must be considered in the property settlement agreement and are subject to division by the court. The former spouse/state registered domestic partner has an interest in the member’s retirement account if he/she was married or registered to a StanCERA member while the member was employed by a StanCERA employer. StanCERA will not distribute any payments from the member’s account until the dissolution has resolved. For information on “Divorce and Your Retirement” visit www.stancera.org.

Retiree Payroll

StanCERA attempts to pay retirees within sixty (60) days after the date of retirement. As a guide, the StanCERA Retirement Pay Schedule is included in this document. Your monthly retirement allowance is paid on the first federal banking day each month for the month prior. The monthly advice notice, if utilizing direct deposit, or retirement benefit check is mailed to your location of choice: home, post office box, etc.

Depending on mail service, your advice notice or check may arrive anywhere from two (2) to seven (7) days after it is mailed. If you are away on vacation, the mail carrier may not deliver your advice notice or check. If your check is lost in the mail, a replacement check cannot be requested for ten (10) business days.

StanCERA strongly recommends signing up for automatic deposit with the financial institution of your choice.

Retiree Cost-of-Living Adjustment (COLA)

The retiree cost-of-living adjustment (COLA) is based on the average annual change in the US Department of Labor, Bureau of Labor Statistics Consumer Price Index (CPI) for All Urban Consumers for the San Francisco/Oakland/Hayward Area. According to the County Employees Retirement Law of 1937, the Retirement Board must determine the appropriate COLA for StanCERA retirement benefits and implement the adjustment effective April 1st of each year.

In any given year, the maximum percentage that a retirement benefit may be increased or decreased is 3%. Should a higher percentage be granted by the Board of Retirement, the excess percentage will be tracked, creating a COLA bank. If the change in the cost-of-living adjustment is less than the maximum allowable (3%) and the retiree has excess COLA percentages in the COLA bank from previous years, the COLA bank is utilized to increase the cost-of-living granted up to the maximum of 3%.

Should a negative cost-of-living adjustment become necessary, the accumulated COLA benefit amount would be reduced by the negative adjustment percentage. If the retiree has banked COLA, the maximum percentage increase allowable would be applied to offset the negative adjustment up to the 3% maximum allowable.

It is important to understand that a cost-of-living decrease cannot reduce a retirement benefit allowance to be less than the original amount granted at the time of retirement.

The cost-of-living is reflected annually on the May retirement check (payment of April benefits). Members who have a retirement date on or before March 31st are eligible for that year's COLA. Members who have a retirement date after March 31st will be eligible to receive a cost-of-living adjustment in future years, if applicable.

Tier 3 members are not eligible for cost-of-living adjustments.

Temporary Annuity Option

If you are covered by Social Security and retire before age 62, you may receive additional income from StanCERA until you reach age 62 and become eligible for Social Security. This type of temporary annuity results in you receiving a higher benefit from StanCERA than you would otherwise receive prior to age 62 and a lower benefit from StanCERA than you would otherwise receive after age 62.

The intended effect is to smooth out or create a more uniform total retirement income (i.e. StanCERA benefit plus Social Security benefit) for life. The benefit you receive from StanCERA at age 62 and beyond is what you were receiving prior to age 62, less the Social Security estimate of your benefit at age 62 *estimated as of today*.

This type of annuity is not available with a disability retirement or to PEPRA members (General and Safety Tier 6).

If you are interested in receiving this type of temporary annuity, you should contact the Social Security office to obtain an estimate of benefits available to you at age 62. The request should be made at least three months prior to your anticipated retirement date. StanCERA will calculate what percentage (increase – based on age at the time of retirement) would be added to your normal StanCERA benefit when you first retire (prior to age 62). Remember your benefit will be reduced by the **full** amount of the Social Security estimate when you turn 62, whether or not you apply for Social Security benefits, and regardless of the actual amount of your Social Security benefits.

The following calculations illustrate how a temporary annuity might affect the retirement benefit of a hypothetical member:

| | |
|---|--------------------------|
| Social Security Estimate Today: | \$1,200.00 |
| Percent of Social Security applied by StanCERA prior to age 62: | 46.19% |
| Temporary Annuity (received from StanCERA up to age 62): | <u>\$554.28</u> |
| Monthly Retirement Benefit before age 62: | |
| StanCERA Normal Retirement Allowance: | \$2,800.00 |
| Add Temporary Annuity: | <u>\$554.28</u> |
| Total Benefit from StanCERA: | <u>\$3,354.28</u> |
| Monthly Retirement Benefit after age 62: | |
| StanCERA Benefit before age 62: | \$3,354.28 |
| Subtract Social Security Estimate: | <u>(\$1,200.00)</u> |
| StanCERA Benefit at age 62 and beyond: | <u>\$2,154.28</u> |
| Social Security Benefit: | \$1,200.00 |
| Total Monthly Benefit (StanCERA plus Social Security): | <u><u>\$3,354.28</u></u> |

Thus, in this example, StanCERA will pay you \$554 a month more than you would normally receive up to age 62 (total of \$3,354/month). Then at age 62, StanCERA will reduce your benefit to \$2,154/month. This is a reduction in your StanCERA benefit of \$1,200/month. Remember, the above is ONLY an example. Most likely it will never be the case that what you are receiving prior to age 62 (from StanCERA) will equal what you receive from age 62 and beyond (from StanCERA and Social Security), since the estimate from Social Security today is exactly that, an estimate. Most likely, what you actually receive from Social Security at age 62 will be different from the estimate today. However, the amount you will receive from StanCERA at age 62 and beyond will not change, regardless of what you ultimately receive from Social Security.

You will receive the temporary annuity from StanCERA through the month of your 62nd birthday. You must contact Social Security to begin receiving your benefit from them. Since the Social Security office will not make your benefit retroactive, you should contact their office at least three months before your 62nd birthday to ensure your benefit begins the first month you are eligible, the month following your 62nd birthday.

It is important to understand that depending on your age at retirement, this could be a very important decision for you to make today. The closer you are to age 62, most likely, your financial situation at that age will not be affected much by this decision. However, if you are still several years away from reaching age 62, it is imperative that you understand your financial situation at age 62 might be harder for you to project or predict *today*. In other words, few people may really understand what their financial situation may be or what their liquidity (cash) needs may be several years out, and the incentive to receive more of your benefit today may put you in a difficult position at age 62. Please keep this in mind as this is an irrevocable option once you choose it.

Taxation of Retirement Benefits

StanCERA withholds payments and reports payments to the Internal Revenue Service (IRS) and the California Franchise Tax Board (FTB). As a general rule, the total amount received as a retirement benefit from StanCERA is taxable; there are a few minor exceptions. Individuals should consult with an independent tax professional to ensure proper tax filings and the correct payment of federal and state taxes.

Federal and State Withholdings

All StanCERA retirees, who receive a pension, are required to complete federal and state tax withholding forms which are included in this document (and found by visiting www.stancera.org). For those who elect to have income tax withheld based on tax tables, monies will not be withheld unless the gross monthly retirement allowance exceeds the minimum amount listed on the tax table for your filing status. If a filing status is not chosen, StanCERA, under law, will default to the following until a change request is received:

- Federal: Single/No Adjustments
- California State: Married/3 Allowances.

California State Tax for Non-California Residents

StanCERA withholds state income tax for California only. If you are an out-of-state resident, or if you move out of California, a new California Withholding Certificate for Pension or Annuity Payments must be submitted to ensure your record is updated. Your StanCERA retirement benefit may be taxable in your state; state tax requirements differ. Individuals should consult with an independent tax professional to ensure proper tax filings.

Service-Connected Disability Retirement and Taxability

The Internal Revenue Code provides special tax treatment if a retirement is due to a service-connected disability. Service-connected disability retirement benefits received from StanCERA, all or a portion of the benefits, may be nontaxable.

If a service-connected disability is no more than half the final average salary, as determined by StanCERA, the entire benefit amount is generally tax free, similar to worker's compensation. If a service-connected disability pension is more than half of the final average salary, then generally the portion that equals half of the final average salary is tax free, with the remainder being taxable. Any cost-of-living adjustment (COLA) associated with a service-connected disability pension is taxable or untaxable accordingly.

Calculation of the Taxable Amount of Retirement Benefits

In general, the total amount received as a retirement benefit, from StanCERA, is taxable, except as described above. However, if contributions were made from post-tax funds, these amounts may be recovered tax free. The amount received annually from post-tax contributions are reported on the 1099-R.

IRS 1099-R Tax Form

Each year at the end of January, StanCERA sends each retiree receiving taxable income an IRS 1099-R Form. This form will list your reportable taxable income. It will also reflect the amount of Federal and California taxes that have been withheld.

It is important to note that StanCERA staff does not provide tax advice nor will answer personal tax questions. Any questions regarding federal income taxes should be directed to the Internal Revenue Service, questions regarding California state taxes should be directed to the Franchise Tax Board, or a personal tax advisor.

Working After Retirement

There are rules and restrictions related to working after retirement. Before accepting any position, it is important to understand the requirements and limitations.

Non-StanCERA Participating Employer

You may work for any employer, other than a StanCERA participating employer, for any amount of time without affecting your retirement allowance.

StanCERA Participating Employer

Once you begin receiving a StanCERA retirement benefit there are rules, regulations, policies, and laws which govern your ability to return to work with a StanCERA participating employer.

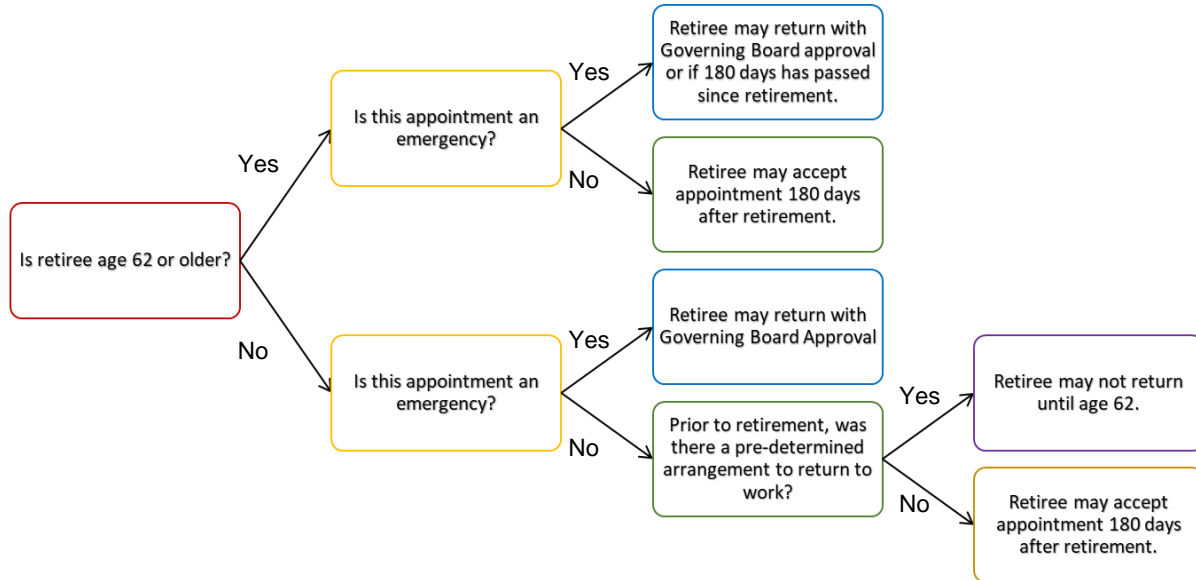
Retired members may not be paid for service to a StanCERA participating employer and continue to receive their retirement allowances except in limited and specific circumstances. In situations where the participating employer believes a StanCERA retiree possesses special skills or knowledge, the law allows the participating employer to hire that retiree on a temporary basis – for a limited duration and for a period of 960 hours per calendar year – without suspending the retiree's retirement benefit. However, the following restrictions apply:

- **You May Not Have a Prearranged Agreement to Return to Work:** *A member who retires cannot have a prearranged agreement (either written or oral) to return to work for the employer after retirement, regardless of the length of the break in service.*
- **You Cannot Have Collected Unemployment Compensation Within the Prior 12 Months:** *You are not eligible to return to work for a StanCERA employer if you have collected unemployment compensation arising out of prior employment with a public agency during the 12 months before your appointment to a position with one of StanCERA's participating employers.*
- **You May Not Work More Than 960 Hours per Calendar Year:** *An eligible retiree may return to work for a limited duration of time with a StanCERA employer and for a period of 960 hours or less in any calendar year and continue to receive a retirement allowance. During this limited duration post-employment, the retired member will not accrue any additional StanCERA service credit or pension benefits, nor will the retired member or employer pay retirement contributions for this employment.*

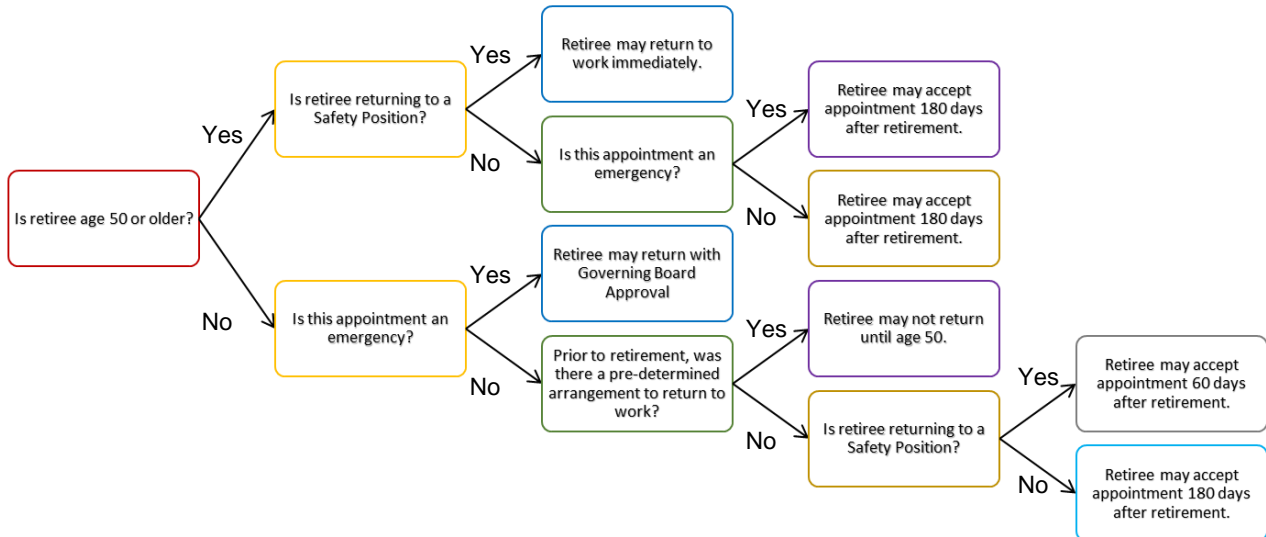
- General Members: *In general, StanCERA members who have retired will not be eligible to return to work for a StanCERA employer without a waiting period. This includes all types of work, including work under contract.*
 - PEPRAs requires general retirees to sit out 180 days post retirement, prior to reemployment, unless the Board of Supervisors (or applicable governing body) approves an exception due to a critical staffing need. This must be presented as a discussion item.
 - For general retirees under age 62, the IRS requires a bona fide separation from service of 60 days prior to reemployment. This time runs concurrently with the PEPRAs requirements.
 - PEPRAs limits post retirement employment hours worked with a StanCERA employer to no more than 960 hours or 120 days, whichever is greater, per calendar year.
 - Ineligible for reemployment with a StanCERA employer if unemployment compensation has been collected within the last 12 months from a public employer.
 - Prior to retirement date, there must not be a prearranged agreement to return to work.
- Safety Members: *Safety members, over the age of 50, may return to work for a StanCERA employer without a waiting period if they are returning to a safety position.*
 - *Safety members returning to a safety position:* PEPRAs allows for safety members aged 50 or older to return to work for a StanCERA employer without a waiting period, if returning to a safety position only.
 - *Safety members returning to a non-safety position:* PEPRAs requires retirees to sit out 180 days post retirement, prior to reemployment, unless the Board of Supervisors (or applicable governing body) approves an exception due to a critical staffing need. This must be presented as a discussion item.
 - For safety retirees under age 50, the IRS requires a bona fide separation from service of 60 days prior to reemployment. This time runs concurrently with the PEPRAs requirements.
 - PEPRAs limits post retirement employment hours worked with a StanCERA employer to no more than 960 hours or 120 days, whichever is greater, per calendar year.
 - Ineligible for reemployment with a StanCERA employer if unemployment compensation has been collected within the last 12 months from a public employer.

- Prior to retirement date, there must not be a prearranged agreement to return to work.

PEPRA and IRS Decision Tree for Rehiring General Members



PEPRA and IRS Decision Tree for Rehiring Safety Members





FACTS ABOUT:

MEMBER WEB PORTAL

WWW.STANCERA.ORG

WHAT IS IT?

StanCERA's Member Web Portal is a secure online hub designed as an easy access point for information related to a member's StanCERA retirement benefit.

HOW DOES IT WORK?

Members of StanCERA create a unique user name and password to access their member records. Once enrolled for portal access, active and deferred members will be able to create a personalized retirement benefit estimate, update beneficiary information, and review retirement contributions. Retired members will be able to view retirement information, print income verification statements, view payment history, suppress mailing of advice notices, update/change direct deposit institutions, update address/phone number, and update beneficiary information.

Register Today!



REAL-TIME INFORMATION

Members registered for the member web portal will have access to the same individual information as StanCERA.



ONLINE CHANGES

Depending on your membership status, updates may be made to your StanCERA member record through the member web portal.



SECURITY

StanCERA takes information security seriously. Information is stored on secure servers. Two-factor authentication is required when logging in.



memberportal@stancera.org



www.stancera.org



 memberportal@stancera.org

 www.stancera.org

First Time Login Instructions

1. Go to www.stancera.org and click "Member Portal" on the top of home page.
2. Click "Register" on the Member Web Portal login page.
3. Provide requested information and accept the Terms and Conditions and click "Continue".
 - a. *All information provided must match what StanCERA has on file.*
4. Verify your identity by providing your Birth Date and answering the required questions and click "Continue".
5. Provide your personal email address, set your password, and provide your phone number.
 - a. Password must contain 8 characters and at least one uppercase and lowercase letter and digit or 'non-alphanumeric character' (e.g. \$, !, or #).
6. Choose three security questions and answers and click "Register".
7. A verification email will be sent to the email address provided.
 - a. Click the link provided in the email to log into the member portal. (Link expires after 24 hours.)
 - b. A browser screen will be displayed indicating that email address has been verified.
8. A verification code will be sent, via text message, to the phone number provided.
 - a. Enter verification code.
9. Once verification code has been entered, registration is complete.
 - a. A button will be displayed to return to the login page.

Registered Users Can Perform the Following:

• Active Members

- View employment and service information
- Calculate a retirement benefit estimate
- Submit request to purchase lost time
- Update designated beneficiary's contact information
- View contribution balance and generate balance verification

• Deferred Members

- View employment and service information
- Update address and phone number
- Calculate a retirement benefit estimate
- Submit a request to purchase lost time
- Update designated beneficiary's contact information
- View contribution balance and generate balance verification

• Retired Members

- Update address and phone number
- Update designated beneficiary's contact information
- Elect to go "paperless" for advice notice mailings
- View/print individual advice notices for last two years
- Update/change direct deposit information
- Update/change tax withholdings
- Generate a monthly benefit verification letter



Service Retirement Application

Section 1

Retiree Information

Section must be filled out completely.

| | | | | | |
|---|--|------------------------|--|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | | Birth Date | |
| | | | | | |
| Mailing Address (including City, State, Zip Code) | | | | | |
| | | | | | |
| Home Address (including City, State, Zip Code) | | | | | |
| | | | | | |
| Mother's Maiden Name | | Primary Phone | | Home | Cell |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Email Address | | Alternate Phone | | Home | Cell |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2

Employment and Retirement Information

Enter last date you were employed with a StanCERA employer. Your retirement date must be after your termination date.

| | | | |
|-------------------------|--|--|------------------|
| Retirement Date | | | |
| StanCERA Employer Name | | | Termination Date |
| | | | |
| StanCERA Position Title | | | |
| | | | |

Temporary Annuity Option

Choosing to elect the temporary annuity option permanently reduces your retirement benefit. Refer to the [Temporary Annuity Option](#) in this publication prior to making this choice.

☐ I am under age 62 and am electing to receive the Temporary Annuity Option. I have read the included documentation and understand how this option will affect my future retirement benefit payments.

Estimated Social Security Amount at Age 62 \$ _____ (attach estimate)

Other California Retirement Systems (Reciprocity)

If applicable, all retirement applications submitted to each retirement system must declare the same retirement date.

List all reciprocal systems and dates.

If highest salary is with reciprocal system, indicate on application

| Name of Reciprocal Retirement System | Employment End Date | Retirement Date | Higher Salary |
|--------------------------------------|---------------------|-----------------|--------------------------|
| | | | <input type="checkbox"/> |
| Name of Reciprocal Retirement System | Employment End Date | Retirement Date | Higher Salary |
| | | | <input type="checkbox"/> |
| Name of Reciprocal Retirement System | Employment End Date | Retirement Date | Higher Salary |
| | | | <input type="checkbox"/> |
| Name of Reciprocal Retirement System | Employment End Date | Retirement Date | Higher Salary |
| | | | <input type="checkbox"/> |
| Name of Reciprocal Retirement System | Employment End Date | Retirement Date | Higher Salary |
| | | | <input type="checkbox"/> |



| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
|---------------------------------------|------------------------|------------|
| | | |

Section 3

Marriage/Registered Domestic Partnership and Dependent Status

Current marriage/registered domestic partnership information.

Copy of certified marriage/registration certificate required if not previously submitted.

Former marriage/registered domestic partnership information during employment.

Copy of complete divorce settlement/terminated registered domestic partnership documents required if not previously submitted.

☐ I am currently married or have a state registered domestic partner.

Date of current marriage/registration: _____

| Current Spouse's/Registered Domestic Partner's Full Name | Social Security Number | Birth Date |
|--|------------------------|------------|
| | | |

Former Marriage/Registered Domestic Partnership Information

☐ I was divorced or terminated a registered domestic partnership during my employment.

| Former Spouse/RDP: Full Name | Birth Date | Marriage/Registration Date | Dissolution Date |
|------------------------------|------------|----------------------------|------------------|
| | | | |
| Former Spouse/RDP: Full Name | Birth Date | Marriage/Registration Date | Dissolution Date |
| | | | |
| Former Spouse/RDP: Full Name | Birth Date | Marriage/Registration Date | Dissolution Date |
| | | | |
| Former Spouse/RDP: Full Name | Birth Date | Marriage/Registration Date | Dissolution Date |
| | | | |

Section 4

Dependent Children Status

If you have minor children, complete this section.

☐ I have minor children.

| Minor's Full Name | Gender | Relationship | Birth Date | Social Security Number |
|-------------------|--------|--------------|------------|------------------------|
| | | | | |
| Minor's Full Name | Gender | Relationship | Birth Date | Social Security Number |
| | | | | |
| Minor's Full Name | Gender | Relationship | Birth Date | Social Security Number |
| | | | | |
| Minor's Full Name | Gender | Relationship | Birth Date | Social Security Number |
| | | | | |

| | | |
|---------------------------------------|------------------------|------------|
| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
| | | |

Section 5 Primary Beneficiary for Retirement Benefit Upon Death

If you have been married/registered at least one year prior to your retirement date your spouse/registered domestic partner may be eligible for a lifetime benefit upon death. If you are married/registered complete their information below.

Government Code §31760.3 requires a signature of a current spouse/registered domestic partner upon an application for refund of accumulated contributions, an election of optional settlement, or a change in beneficiary(ies). With limited exceptions, StanCERA cannot affect the designation of a non-spousal/registered domestic partner beneficiary and/or an optional settlement of retirement benefits without approval and signature of the current spouse/registered domestic partner if applicable. *If the above applies, spouse/registered domestic partner signature will be required on Retirement Benefit Option Election Forms.*

This is an irrevocable choice upon retirement.

Spouse/registered domestic partners may have community property rights to this benefit.

| | | | | |
|--|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Marriage/Registration Date (if applicable) | | Personal Email Address | | |
| | | | | |

If you are not married/registered and intend to name another beneficiary to receive a benefit upon your death, their after-death benefits vary based upon option chosen at retirement. Complete their information below. If naming more than one beneficiary for this benefit, list them separately, along with the percentage of the benefit. *Continuance options are available for one named beneficiary only.*

This is an irrevocable choice upon retirement unless choosing Option 1.

Continuance options are available for one named beneficiary only.

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Personal Email Address | | |
| | | | | |

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Personal Email Address | | |
| | | | | |

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | |
|---------------------------------------|------------------------|------------|
| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
| | | |

Section 6

Contingent Beneficiary for Retirement Benefit Upon Death

If the primary beneficiary in Section 5 is a spouse/registered domestic partner, name at least one contingent beneficiary.

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | |
|---------------------------------------|------------------------|------------|
| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
| | | |

Section 7

Beneficiary Named for Final Payment of Benefit Upon Death

When a retiree passes away, there may be a final payment due to the retiree. One or more beneficiaries may be named to receive this benefit. Contingent beneficiaries may also be named, in the event the primary beneficiary pre-deceases the retiree.

Primary Beneficiary

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| | | | | |
|---|--------------|------------------------|--------------------------|--------------------------|
| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
|---------------------------------------|------------------------|------------|
| | | |

Section 8

Beneficiary Named for \$5,000 Death Benefit

Upon death of a retiree, a \$5,000 death benefit is paid to the named beneficiary(ies) below. This is a taxable benefit. One or more beneficiaries may be named to receive this benefit. Contingent beneficiaries may also be named, in the event the primary beneficiary pre-deceases the retiree.

If you last worked with another California retirement system that provides a similar death benefit, the StanCERA Death Benefit is not paid.

Primary Beneficiary

| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
|---|--------------|------------------------|--------------------------|--------------------------|
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
|---|--------------|------------------------|--------------------------|--------------------------|
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
|---|--------------|------------------------|--------------------------|--------------------------|
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

☐ Primary Beneficiary

☐ Contingent Beneficiary

| First Name, Middle Initial, Last Name | | Social Security Number | Birth Date | |
|---|--------------|------------------------|--------------------------|--------------------------|
| | | | | |
| Address (including City, State, Zip Code) | | | | |
| | | | | |
| Gender | Relationship | Primary Phone Number | Home | Cell |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Percentage of Benefit | | Email Address | | |
| | | | | |

| | | |
|---------------------------------------|------------------------|------------|
| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
| | | |

Section 9

Direct Deposit Information

I certify that I am entitled to receive this payment. I authorize my Stanislaus County Employees' Retirement Association benefit payment to be sent to my financial institution and deposited into my designated account. I further authorize StanCERA to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account, and the depository named to credit and/or debit the same to such account.

The U.S. Postal Service does not forward StanCERA correspondence. Failure to maintain a current postal address with StanCERA or mail returned to StanCERA may result in a suspension of direct deposit.

| | |
|---|--------------|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Name of Financial Institution | Phone Number |
| <p><i>Attach voided check or bank documentation with address, routing, and account number. Deposit slips will not be accepted. Name, address, and banking information (account number/routing number) must be preprinted on submitted document.</i></p> | |

All payroll/direct deposit changes must be submitted by the 10th of the month to become effective the next payroll processing.

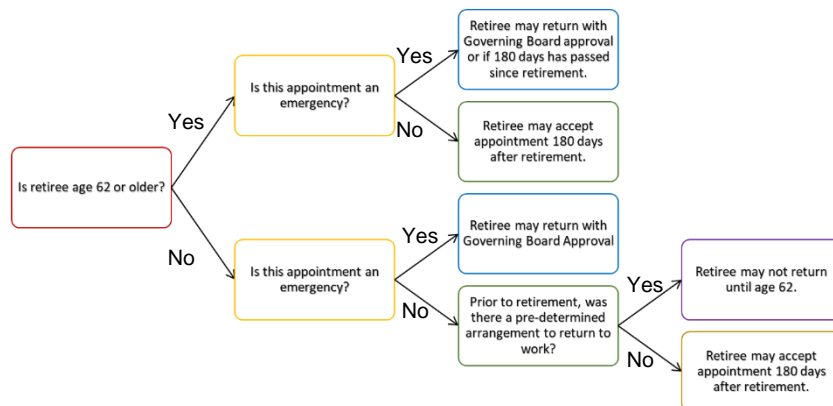
| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
|---------------------------------------|------------------------|------------|
| | | |

Section 10 Normal Retirement Age and Post Retirement Employment Questionnaire

I understand that if I return to employment with a StanCERA covered employer, at any time, the same requirements and limits, stated below, remain in order as to not jeopardize my StanCERA benefits. I have read and understand the limitations outlined in the [Working After Retirement](#) section of this document.

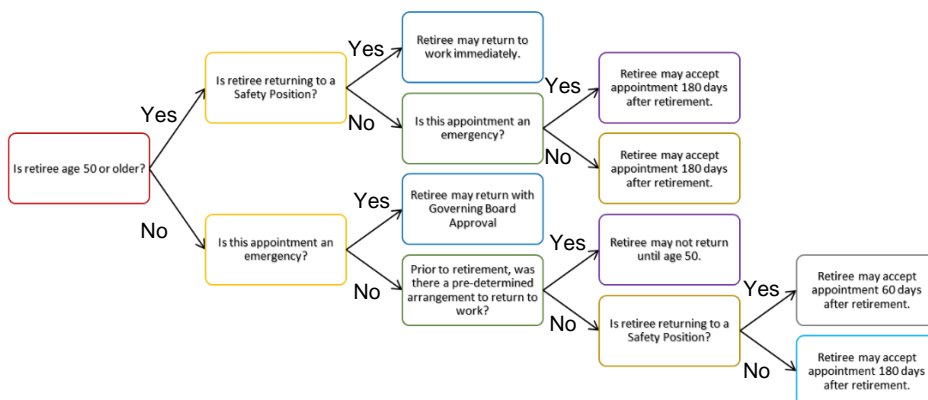
General Members:

- Are you planning to return to work for a StanCERA Covered Employer?
If yes, go to question two. If no, questionnaire is complete. ☐ Yes ☐ No
- Are you age 62 or older? ☐ Yes ☐ No
- Have you been offered a position to return to work by a hiring authority? ☐ Yes ☐ No
- Is this appointment an emergency as defined by GC §7522.56? ☐ Yes ☐ No
- Has the emergency appointment been approved by the Board of Supervisors? ☐ Yes ☐ No



Safety Members:

- Are you planning to return to work for a StanCERA Covered Employer?
If yes, go to question two. If no, questionnaire is complete. ☐ Yes ☐ No
- Are you age 50 or older? ☐ Yes ☐ No
- Have you been offered a position to return to work by a hiring authority? ☐ Yes ☐ No
- Is this appointment an emergency as defined by GC §7522.56? ☐ Yes ☐ No
- Has the emergency appointment been approved by the Board of Supervisors? ☐ Yes ☐ No



| First Name, Middle Initial, Last Name | Social Security Number | Birth Date |
|---------------------------------------|------------------------|------------|
| | | |

Section 11

Member Declaration

The information submitted herein is true and correct, and I affirm my consent to release information as provided above.

Initials

I have accurately reported my marital or partnership status as of the date indicated above.

Initials

I have listed any and all beneficiaries in accordance with marital/partnership status.

Initials

I understand that I must maintain a current address on file with StanCERA or a suspension of my monthly retirement benefit may result.

Initials

I understand that I must notify StanCERA of any bank changes related to my direct deposit. Any returned funds may result in a delay or suspension of my monthly retirement benefit.

Initials

I understand that if I have chosen the Temporary Annuity/Social Security Modification option, my benefit will be reduced at age 62.

Initials

All required documentation has been attached to this application for submission.

Initials

I understand an incomplete application or missing documents may delay start of retirement benefit.

Initials

Member Signature

| Member Signature | Member Name | Date Signed |
|------------------|-------------|-------------|
| | | |

INTENTIONALLY
BLANK

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

2024

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

| | | | |
|---|---|-----------|----------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | |
| | City or town, state, and ZIP code | | |
| | (c) <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 pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

| | |
|--|---|
| Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity) | Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2. |
| | Do only one of the following. |
| | (a) Reserved for future use. |
| | (b) Complete the items below. |
| | (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here . . . \$ _____ |
| TIP: To be accurate, submit a 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. If you have self-employment income, see page 2. | |

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 3 and enter the result here | | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . | | 4(c) | \$ _____ |
| | | | | |

| | | |
|--|--|-------------|
| Step 5: Sign Here | Your signature (This form is not valid unless you sign it.) | Date |
|--|--|-------------|

General Instructions

Section references are to the Internal Revenue Code.

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

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

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

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

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

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

Specific Instructions

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

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

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

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

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

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

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

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

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

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

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



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

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

Specific Instructions *(continued)*

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 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 2023, 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 2023 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: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ | 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: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 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.

INTENTIONALLY
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Withholding Certificate for Pension or Annuity Payments

| | |
|---|--|
| First, Middle, Last Name | Social Security Number |
| Home Address (Number and Street or Rural Route) | Claim or Identification Number (if any) of Your Pension or Annuity Contract |
| City, State and ZIP Code | |

Complete the following applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶
2. I want my withholding from each pension or annuity payment to be figured using the number of allowances and marital status shown below:
 - a. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2a
 - b. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2b

SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD
3. I want the following **additional** amount withheld from each pension or annuity payment. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances on line 2b above ▶ \$
4. I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ \$

Your Signature ▶

Date ▶

Cut Here

Give the top part of this form to the payer of your pension or annuity; keep the lower part for your records.

Purpose of Form: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities. The marital status and the withholding allowance claimed on your federal Form W-4P can be used to figure your state tax withholding.

The DE 4P allows you to:

- (1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.
- (2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.
- (3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
 - (a) The number of allowances and marital status specified.
 - (b) A designated dollar amount.
- (4) Change or revoke the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all of the items above are treated as wages for the purpose of withholding.

A periodic payment is one that is includible in your income for tax purposes and that you receive in installments at regular intervals over a period of more than one full year from the starting date of the pension or annuity. The intervals can be annual, quarterly, monthly, etc. For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments for which you cannot use the DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether the DE 4P will apply.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

- (1) An amount determined by using the California withholding schedules. Payee completes lines 2 and 3 above.
- (2) A dollar amount that you designate. Payee completes line 4 above.
- (3) Ten percent of the amount of federal withholding computed pursuant to section 3405 of the **Internal Revenue Code** (law.cornell.edu/uscode/text/26). Payee completes line 4 above.

Completing the Form: Fill in your name, address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not have to give a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 1, 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding

Allowances: If you want withholding to be based on a specified number of allowances, write the number on this line and check the filing status box you want. The worksheets accompanying this form may be used to figure your withholding allowance.

Line 3, Multiple Pensions/More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line (in lieu of claiming withholding allowances).

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse or more than one job or income, it would be best to figure the **total** number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only, or split among payers.

Worksheet A

Regular Withholding Allowances

- | | |
|---|-----------|
| A) Allowance for yourself — enter 1 | (A) _____ |
| B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| C) Allowance for blindness — yourself — enter 1 | (C) _____ |
| D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) _____ |
| F) Total — add lines (A) through (E) above and enter on line 2a of the DE 4P | (F) _____ |

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

- | | |
|--|--------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540. | 1. \$ _____ |
| 2. Enter \$9,606 if unmarried head of household or qualifying widow(er) with dependent(s); \$9,606 if married filing jointly with two or more allowances; \$4,803 if single, dual income, married, or married with multiple employers; \$4,803 if married filing separately or married with "0" or "1" allowance. | 2. \$ _____ |
| 3. Subtract line 2 from line 1, enter difference. | 3. \$ _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits). | 4. \$ _____ |
| 5. Add line 4 to line 3 and enter the sum. | 5. \$ _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts). | 6. \$ _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5 and, enter the difference. | 7. \$ _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number Enter this number on line 2b of the DE 4P. Complete Worksheet C, if needed. | 8. _____ |
| 9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income). | 9. \$ _____ |
| 10. Enter amount from line 5 (deductions). | 10. \$ _____ |
| 11. Subtract line 10 from line 9, enter difference. | 11. \$ _____ |

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the **Family Code** (leginfo.ca.gov/faces/codes.xhtml). For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2022. 1. _____
2. Enter estimate of nonwage income on line 6 of Worksheet B. 2. _____
3. Add line 1 and line 2 and enter the sum. 3. _____
4. Enter itemized deductions or standard deduction on line 1 or 2 of Worksheet B, whichever is largest. 4. _____
5. Enter adjustments to income on line 4 of Worksheet B. 5. _____
6. Add line 4 and line 5 and enter the sum. 6. _____
7. Subtract line 6 from line 3 and enter the difference. 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2022 tax rate schedules below. 8. _____
9. Enter personal exemptions on line F of Worksheet A x \$141.90. 9. _____
10. Subtract line 9 from line 8 and enter the difference. 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10 and enter the difference. (This is your total estimated tax liability). 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2022. Contact the payer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2022. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2022 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year and enter this figure on line 3 of the DE 4P 15. _____

NOTE: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2022 Only

**Single Persons, Dual Income
Married with Multiple Employers**

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|--------------------------|--------------|-------------------|-------------|--------------|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| \$0 | \$9,325 | 1.100% | \$0 | \$0.00 |
| \$9,325 | \$22,107 | 2.200% | \$9,325 | \$102.58 |
| \$22,107 | \$34,892 | 4.400% | \$22,107 | \$383.78 |
| \$34,892 | \$48,435 | 6.600% | \$34,892 | \$946.32 |
| \$48,435 | \$61,214 | 8.800% | \$48,435 | \$1,840.16 |
| \$61,214 | \$312,686 | 10.230% | \$61,214 | \$2,964.71 |
| \$312,686 | \$375,221 | 11.330% | \$312,686 | \$28,690.30 |
| \$375,221 | \$625,369 | 12.430% | \$375,221 | \$35,775.52 |
| \$625,369 | \$1,000,000 | 13.530% | \$625,369 | \$66,868.92 |
| \$1,000,000 | and over | 14.630% | \$1,000,000 | \$117,556.49 |

Unmarried Head of Household

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|--------------------------|--------------|-------------------|-------------|--------------|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| \$0 | \$18,663 | 1.100% | \$0 | \$0.00 |
| \$18,663 | \$44,217 | 2.200% | \$18,663 | \$205.29 |
| \$44,217 | \$56,999 | 4.400% | \$44,217 | \$767.48 |
| \$56,999 | \$70,542 | 6.600% | \$56,999 | \$1,329.89 |
| \$70,542 | \$83,324 | 8.800% | \$70,542 | \$2,223.73 |
| \$83,324 | \$425,251 | 10.230% | \$83,324 | \$3,348.55 |
| \$425,251 | \$510,303 | 11.330% | \$425,251 | \$38,327.68 |
| \$510,303 | \$850,503 | 12.430% | \$510,303 | \$47,964.07 |
| \$850,503 | \$1,000,000 | 13.530% | \$850,503 | \$90,250.93 |
| \$1,000,000 | and over | 14.630% | \$1,000,000 | \$110,477.87 |

Married Persons

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|--------------------------|--------------|-------------------|-------------|--------------|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| \$0 | \$18,650 | 1.100% | \$0 | \$0.00 |
| \$18,650 | \$44,214 | 2.200% | \$18,650 | \$205.15 |
| \$44,214 | \$69,784 | 4.400% | \$44,214 | \$767.56 |
| \$69,784 | \$96,870 | 6.600% | \$69,784 | \$1,892.64 |
| \$96,870 | \$122,428 | 8.800% | \$96,870 | \$3,680.32 |
| \$122,428 | \$625,372 | 10.230% | \$122,428 | \$5,929.42 |
| \$625,372 | \$750,442 | 11.330% | \$625,372 | \$57,380.59 |
| \$750,442 | \$1,000,000 | 12.430% | \$750,442 | \$71,551.02 |
| \$1,000,000 | \$1,250,738 | 13.530% | \$1,000,000 | \$102,571.08 |
| \$1,250,738 | and over | 14.630% | \$1,250,738 | \$136,495.93 |

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States
1-800-852-5711 (Voice)
1-800-822-6268 (TTY)

If you are calling from outside the United States
1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law and under the authority of **Title 22, California Code of Regulations** (govt.westlaw.com/calregs/Search/Index), section 4340-1, and the **California Revenue and Taxation Code** (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Example for Worksheet C for the Year 2022

Payee estimates income from his or her pension to be \$1,500 a month and is claiming the standard deduction and single with one withholding allowance.

- | | |
|--|---------------------|
| 1. Estimate annualized income (\$1,500 a month x 12 months). Enter on line 1. | 1. \$ 18,000.00 |
| 2. Estimated nonwage income. | 2. \$ 8,000.00 |
| 3. Add lines 1 and 2 and enter total on line 3. | 3. \$ 26,000.00 |
| 4. Enter amount for single from line 2 of Worksheet B. | 4. \$ 4,803.00 |
| 5. Enter adjustments to income shown on line 4 of Worksheet B. | 5. 0.00 |
| 6. Enter sum of lines 4 and 5. | 6. \$ 4,803.00 |
| 7. Subtract line 6 from line 3 and enter difference on line 7. | 7. \$ 21,197.00 |
| 8. Compute the tax liability for the amount on line 7. Use the 2022 tables for single from Worksheet C under the entry covering \$21,197 (over \$9,325 but not over \$22,107). Compute 2.200% of the amount over \$9,325 ([$\$21,197 - \$9,325$] x 0.02200 = \$261.18). \$261.18 Additional (PLUS) tax amount. <u>\$102.58</u> Enter the total on line 13. Total <u>\$363.76</u> | 8. \$ 363.76 |
| 9. Enter the amount for one personal exemption on line 9 (1 x \$141.90). | 9. \$ 141.90 |
| 10. Subtract line 9 from line 8 and enter the difference on line 10. | 10. \$ 221.86 |
| 11. Enter any tax credits that will be allowed for 2022 (see FTB Form 540). | 11. 0.00 |
| 12. Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability. | 12. \$ 221.86 |
| 13. Calculate the tax withheld and estimated to be withheld during 2022. Withholding on the pension of \$1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2022 is \$4.90 x 12 = \$58.80. Enter that amount on line 13. | 13. \$ 58.80 |
| 14. Subtract line 13 from line 12. Enter difference on line 14. | 14. \$ 163.06 |
| 15. Divide line 14 by the number of pay periods remaining in the year. ($\$163.06 \div 12 = \13.59) | 15. <u>\$ 13.59</u> |

Enter \$13.59 on line 3 of the DE 4P.

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RETIRED EMPLOYEES OF STANISLAUS COUNTY ORGANIZATIONS, INC.

P. O. BOX 1646
MODESTO, CA 95353
(209) 521-1666 FAX (209) 524-1741
www.rescotoday.org

Dear Future Retiree:

Welcome to RESCO!

It is important to us here at Retired Employees of Stanislaus County Organizations, Inc. (RESCO), that you be made aware of our organization and what we can do for you as you transition into your retirement years.

WHAT IS RESCO?

RESCO is the **ONLY OFFICIAL ORGANIZATION** that represents Retired Employees of Stanislaus County Organizations. We are made up of **active employees and retirees** from Stanislaus County, Superior Court, City of Ceres, East Side Mosquito Abatement District, Hills Ferry Cemetery District, Keyes Community Services District, Salida Sanitary District, Stanislaus Council of Governments (StanCOG), Stanislaus Regional Transit Authority (StanRTA), and Stanislaus Regional Water Authority.

YOU DON'T HAVE TO BE RETIRED TO JOIN RESCO!

Anyone who is presently receiving or **anticipating** a monthly retirement allowance from the Stanislaus County Employees Retirement Association (StanCERA) is eligible to become a RESCO Associate Member.

BENEFITS OF BEING A RESCO MEMBER

As a member of RESCO, you are represented by a board of elected members who work diligently for you. It is important to all of us as retirees to have social & educational opportunities as we transition from the work world into the world of retirement.

SOME OF OUR ONGOING ACTIVITIES AND RECENT ACCOMPLISHMENTS INCLUDE:

Retirement Board Representation – Retirees, as well as active employees, have one representative and one alternate representative on the StanCERA Retirement Board. This is the Board that makes decisions about how to invest retirement dollars, what levels of benefits retirees receive, etc. **It is important that retirees have a voice on this Board.**

Partnership with Pacific Group Agencies (PGA) – RESCO partners with Pacific Group Agencies to fulfill retirees' insurance needs. PGA even offers a wide variety of insurance programs **to those not yet retired**, including Legal Shield, Life, Travel & Pet Insurance. PGA's goal is to secure the best coverage at the lowest cost. One must be a RESCO Member to participate in PGA insurance plans.

CRCEA Affiliation – RESCO is an associate member of the California Retired County Employees Association (CRCEA). CRCEA represents 20 Counties governed by the 1937 Retirement Act and is over 200,000 members strong. CRCEA provides a wealth of assistance to member counties by sharing information about issues faced by each county; employing a lobbyist to work for retiree

interests with State legislation; providing support through their large membership numbers; keeping county members updated on programs and any other information of interest to retirees. A bi-annual meeting is held with all 20 counties in attendance, where we learn about all aspects of retiree related issues. Visit crcea.org for more information.

Legislation – In association with CRCEA, we keep abreast of legislative issues affecting retirees. As mentioned above, through CRCEA, we have lobbyists who represent retirees statewide in the legislative process. RESCO has a legislative committee that studies bills before the legislature. In cooperation with the other CRCEA Counties, we write letters to State and Federal Representatives either in support of or opposition to those bills.

Newsletter – This is a quarterly publication for all RESCO members to keep them up to date on retirement issues and activities. If you become a RESCO Associate Member, you will have access to our Newsletter on-line through our website.

Website – all information pertaining to RESCO is posted on our website: www.rescotoday.org.

Luncheon Meetings – At our quarterly luncheon meetings, we offer various programs – from guest speakers to open enrollment information, and lots of prizes! It's also a great time to meet up with and make friends! Luncheon meetings are held at the Elks Lodge in Modesto.

Picnic – Our annual picnic, held in August, is a fun time for all – great food, great friends!

**WE'D LIKE TO GET TO KNOW YOU,
AND TO LET YOU KNOW THAT WE'RE HERE FOR YOU –
EVEN BEFORE YOU RETIRE!**

If you join RESCO as an active employee, you are considered an Associate Member and are not required to pay dues until you retire. As an Associate Member, you are not eligible to vote, hold a seat on the Board or sit on a committee. However, you will be able to attend RESCO functions, and access our website, including the Member's Only Page.

Once you begin receiving a pension check from StanCERA, you may transfer your membership with RESCO from Associate to Active. At that time, you will be required to pay dues to RESCO, which are currently \$5.00 per month. RESCO members are strongly encouraged to have StanCERA withhold dues from your monthly pension check.

Our goal is to maintain a strong organization where we can see that our members remain healthy and happy before and throughout their retirement years. Your participation in RESCO is greatly appreciated.

Sincerely,

RESCO Board of Directors

RESCO

(RETIRED EMPLOYEES OF STANISLAUS COUNTY ORGANIZATION)

RESCO serves the retired employees of Stanislaus County and Special Districts. It is an independent organization of retirees and is devoted entirely to the needs of the retirees. RESCO is the ONLY OFFICIAL ORGANIZATION that represents all retired employees of Stanislaus County and its Special Districts. Anyone who is presently receiving or anticipating a monthly retirement allowance from the Stanislaus County Employees' Retirement Association (StanCERA) is eligible to become a RESCO member.

RESCO
P.O. Box 1646
Modesto, CA 95353
(209) 521- 1666

www.RescoToday.org | Contact@RescoToday.org

My signature below is an acknowledgement that StanCERA has informed me that due to confidentiality laws, StanCERA will not automatically transmit my contact information to RESCO, unless I authorize StanCERA to release my printed information. By marking "Yes" below, I am authorizing StanCERA to release my information to RESCO, otherwise, it will be my responsibility to contact RESCO directly if I am interested in its services.

I hereby authorize StanCERA to provide my initial contact information to RESCO upon retirement.

☐ Yes

☐ No

| | | | |
|------------------|-------------|----------------|--------|
| MEMBER NAME: | | | |
| MAILING ADDRESS: | | CITY: | STATE: |
| | | | |
| HOME PHONE: | CELL PHONE: | EMAIL ADDRESS: | |
| | | | |

MEMBER SIGNATURE: _____ DATE: _____

INTENTIONALLY
BLANK

Information: Medical, Dental, Vision Coverage

If you or your spouse/registered domestic partner are under age 65, Stanislaus County may have medical plans available for you. If you or your spouse/registered domestic partner are over age 65, RESCO Insurance may have medical plans available for you.

| | | | |
|---|-----------------|-----------------------|--------------------|
| First Name, Middle Initial, Last Name | Birth Date | Date of Termination | Date of Retirement |
| | | | |
| Mailing Address (including City, State, Zip Code) | | | |
| | | | |
| Primary Phone | Email Address | Last Employer | |
| | | | |
| Marital Status | Spouse/RDP Name | Spouse/RDP Birth Date | |
| | | | |

- ☐ Yes, I request information regarding insurance plans available to me.
(Provide answers to questions below)
- ☐ No, I do not request information regarding insurance plans available to me.

RESCO Insurance provides dental and vision plans for all retirees regardless of age.

Contact Information:

Stanislaus County Risk Management
1010 10th Street, Suite 5900
Modesto, CA 95354
(209) 525-5715 | earlyretirees@stancounty.com

RESCO Insurance administered by
Pacific Group Agencies
25876 The Old Road #11
Santa Clarita, CA 91381
(800) 511-9065 | insurance@rescotoday.org

Medical Coverage

- ☐ I am under age 65 and request information from Stanislaus County Risk Management regarding medical insurance plans.
- ☐ My spouse/registered domestic partner is under age 65 and request information from Stanislaus County Risk Management regarding medical insurance plans.
- ☐ I am age 65 or over and request information from RESCO Insurance regarding medical insurance plans.
- ☐ My spouse/registered domestic partner is age 65 or over and request information from RESCO Insurance regarding medical insurance plans.

Dental and Vision Coverage

- ☐ I request information from RESCO Insurance regarding dental and vision insurance plans.

Signing below is an acknowledgment that StanCERA has informed me, that due to contact changes and confidentiality laws, StanCERA will not automatically transmit my contact information to Stanislaus County Risk Management, RESCO Insurance, or both unless I authorize StanCERA to release my information by marking "yes" and signing above.

Signature: _____

Date: _____

INTENTIONALLY
BLANK



STANISLAUS COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

832 12TH STREET, SUITE 600 | MODESTO, CA 95354

(209) 525.6393 | RETIREMENT@STANCERA.ORG



www.stancera.org