

MUNICIPAL EMPLOYEES RETIREMENT SYSTEM OF LOUISIANA  
7937 Office Park Boulevard  
Baton Rouge, LA 70809  
225-925-4810 or 800-820-1137  
Fax 225-925-4816

## RETIRE FROM DROP/POST-DROP

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Termination Date: \_\_\_\_\_  
(Not Effective Retirement Date)

**Please attach direct deposit form and a blank, voided check, W4P, and Retiree Insurance Premium Deduction if required by employer.**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Clerk or Designated Authority

# MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Blvd., Baton Rouge, Louisiana 70809-7606

Phone: 225.925.4810, Toll-free: 1.800.820.1137, Fax: 225.925.4816, [www.mersla.com](http://www.mersla.com)

## Authorization for Direct Deposit

INSTRUCTIONS ON SECOND PAGE

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

### Section I: Payee Instructions

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize MERS to initiate electronic funds transfer debit transaction to retrieve payments sent but not due in the event that my death has occurred. I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

If my death should occur prior to the due date of any payment which is made by MERS in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to MERS. I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

A. Name of Payee:			B. SSN (last 4 only)
_____	_____	_____	XXX-XX-_____
First	Middle	Last	
C. Mailing Address of Payee:			
_____	_____	_____	_____
Address	City	State	Zip Code
D. Payee's Daytime Phone:	E. Signature of Payee or Legal Authorized Representative of Payee:		F. Date Signed:
_____	_____		_____

### Section II: Financial Institution of Payee Information

A. Name of Financial Institution:	B. Type/Number of depositor account: <input type="radio"/> Checking <input type="radio"/> Savings
_____	Account Number: _____ Routing Number: _____
	If Checking, attach copy of voided check
C. Address of Financial Institution:	
_____	_____
Address	City
_____	_____
State	Zip Code
D. If Joint Account, Please Verify Name of Joint Signer: _____	

### INSTRUCTIONS

Enter all information requested.

This form authorizes direct deposits into your account and is to be used only for Municipal Employees' Retirement System of Louisiana (MERS) payments.

If you wish your monthly benefit payments sent directly to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, similar institution, or federal or state chartered credit union.

Deposits will be made by way of electronic funds transfer (EFT) from MERS' account, provided your financial institution is a member of the Automated Clearing House (ACH) System. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

## Section I – Payee Instructions (Complete Items A – F)

**Item A** – Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

**Item B** – Last 4 digits of the Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

**Item C** – Mailing address of the payee named in Item A. Provide a complete address including an apartment number, P.O. Box, and the zip code. This address must be kept current with MERS. Please notify MERS immediately when the address changes.

**Item D** – Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

**Item E – F** – Sign the form. (The date is defaulted to the current date.) The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of MERS.

## Section II – Items A – D – Financial Institution of Payee Information

**Item A & C** – Complete name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

**Item B** – Identify the type of account, routing number and the account number in which this payment is to be deposited. The account may be either a checking or savings account. Attach a voided personal check to verify payee's account number. (The number can be found on the bottom left of your check.)

**Item D** – If this is a joint account, please verify the name of the joint signer.

### Payee Cancellation Instructions

This authorization remains in effect **until cancelled by written notice** from the payee (or the legal representative, in the event of the death of the payee). ***You may change the designation of your financial institution by completing and submitting a new authorization form.***

### Check Stub/Account Statement

An account statement will be issued with your first month's payment only. If your benefit amount changes or if you submit financial institution information changes to MERS, you will receive a new statement. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have any questions regarding direct deposit, contact MERS or your financial institution.

**Please print a copy of this form for your records.**

## Withholding Certificate for Periodic Pension or Annuity Payments

# 2022

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

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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:** Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

**(a)** Reserved for future use.

**(b)** Complete the items below.

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

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

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

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

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . .	<b>3</b>	\$
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<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs or pension/annuity payments).</b> 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 . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld from <b>each payment</b> . . .	<b>4(c)</b>	\$

**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](http://www.irs.gov/FormW4P).

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

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

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

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

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

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

## Specific Instructions

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

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

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

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

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

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

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

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

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

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

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



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

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

## Specific Instructions *(continued)*

### Step 4 (optional).

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

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

deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

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

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

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



1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• \$25,900 if you're married filing jointly or qualifying widow(er)</li> <li>• \$19,400 if you're head of household</li> <li>• \$12,950 if you're single or married filing separately</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• \$25,900 if you're married filing jointly or qualifying widow(er)</li> <li>• \$19,400 if you're head of household</li> <li>• \$12,950 if you're single or married filing separately</li> </ul>	}	2	\$ _____
{	<ul style="list-style-type: none"> <li>• \$25,900 if you're married filing jointly or qualifying widow(er)</li> <li>• \$19,400 if you're head of household</li> <li>• \$12,950 if you're single or married filing separately</li> </ul>	}				
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"> <li>• \$1,750 if you're single or head of household.</li> <li>• \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65.</li> <li>• \$2,800 if you're married and both of you are age 65 or older.</li> </ul> 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	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	6	\$ _____			

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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



MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA  
7937 Office Park Blvd., Baton Rouge, LA 70809  
225-925-4810 or 800-820-1137 Fax 225-925-4816

## Retiree Insurance Premium Deduction Authorization

Please type or print in ink all entries except signatures

### Section 1 - RETIREE INFORMATION (must be completed by applicant)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Option Beneficiary \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

I hereby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount as may now or in the future be payable by me for insurance premiums.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employer

### Section 2 – EMPLOYER CERTIFICATION

Monthly Premium to be Deducted: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of authorized representative

### **FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

Retirement Effective Date: \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Date of first payment: \_\_\_\_\_

First month deduction amount: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

**RETAIN A COPY FOR YOUR RECORDS**