Payroll Authorization

Form 9P – Revised 6/12/2013

Please print or type in black ink. Completed form should be mailed or faxed to PERS and must accompany Form 9S, Service Retirement Application. See bottom of form for contact information.

❶ **Member Information** – *PERS will automatically update the mailing address on file with the mailing address listed below.*

First Name: _____ MI:_____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone:_____ ☐ Cellular ☐ Home ☐ Work

❷ **Retirement Plan** – *Select applicable plan.*

☐ Public Employees' Retirement System of Mississippi (PERS)   ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

❸ **Federal Tax Withholding Preference** – *Select one below.*

☐ I wish to have PERS determine the amount, if any, of federal tax to be withheld from my monthly benefit payment in accordance with the applicable tax tables using the marital status and exemptions indicated below.

   ☐ Married ☐ Single   Total No. of Exemptions Claimed: _____ Withhold an additional $_____ from each monthly benefit payment.

☐ Rather than PERS determine the amount, I wish to have $_____ withheld from each monthly benefit payment.

☐ **I do not wish to have federal withholding tax deducted from my monthly benefit payment.** I understand that I am responsible for payment of federal income tax on the taxable portion of my benefit.
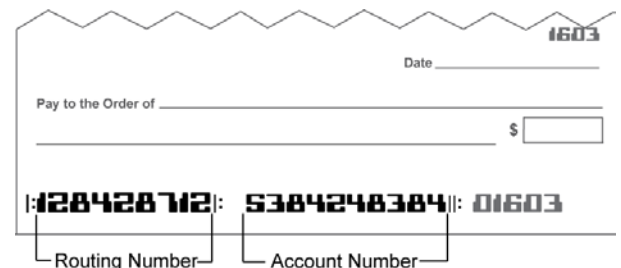
❹ **Optional Monthly Cost-of-Living Adjustment (COLA) Election** – The COLA will be paid in an annual lump sum each December, unless an election for receiving the COLA monthly is made below by checking the box. *To receive the COLA in an annual lump sum payment, skip to next section.*

☐ I **irrevocably** elect to receive my COLA in **12 equal monthly installments** beginning in July of each year after I have been retired for one full state fiscal year. By making this election, I understand that I will only receive my COLA on a monthly basis and not in an annual lump sum payment. I further understand that, once the monthly payment method begins, the lump sum payment method will no longer be available to me.

❺ **Bank Account Information** – ▭ *Attach a voided check to activate direct deposit to a checking account.*

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: _____   Account Type: ☐ Checking ☐ Savings

Account Owner's Full Name: _____

Account Owner's Social Security No.: _____

See sample check at right to find the following numbers:

Routing Number *9 digits*: _____

Account Number *up to 17 characters*: _____

1603

Date _____

Pay to the Order of _____

$ [   ]

⑈128428712⑈ 5384248384⑈ 01603

Routing Number   Account Number

❻ **Applicant Authorization** – *If an authorized representative signs this form, ▭ attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

I understand that my application for service retirement will become null and void if I do not complete and file all required documents in the physical office of PERS within 90 days following the effective date of retirement established upon my filing Form 9A SRVC, Pre-Application for Service Retirement Benefits.

Applicant's Signature: _____ Date *mm/dd/ccyy*:_____