PERS of MISSISSIPPI

Certificate of Withholding Preference

Form 17 – Revised 4/1/2022

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information. Allow one to two months after submitting completed form for tax updates to take effect.

❶ Benefit Recipient 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)

☐ Municipal Retirement Systems (MRS) City: _____

❸ Account Information – *Indicate type of account selected in Section 2. If you receive more than one benefit from a retirement system or plan administered by PERS, you must complete a separate withholding form for each account.*

☐ Retiring Member Account (first filing as a retiree)

☐ Retiree Account

☐ Beneficiary Account

❹ Federal Tax Withholding Preference – *Select one. If you do not make a selection, your federal taxes will be deducted at the IRS default rate of "Single with No Adjustments."*

☐ **I do wish to have federal withholding tax deducted from my monthly benefit payment.** *If you check this box, you must complete and submit to PERS the IRS Form W-4P.*

☐ **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.

❺ 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.*

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

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5261, *fax* www.pers.ms.gov

Reset Form

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