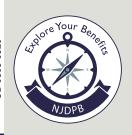
CB-0508-0520



State of New Jersey • Department of the Treasury

## **DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES**

P.O. Box 295, Trenton, NJ 08625-0295

Executor's / Administrator's Signature

## **ESTATE FEDERAL TAX WITHHOLDING CERTIFICATE**

☐ Public Employees' Retirement System (PERS)		Teachers' Pension and Annuity System (Th	PAF)
☐ Police and Firemen's Retirement System (PFRS)		State Police Retirement System (SPRS)	
Full Name of Deceased		Membership Number	
IMPORTANT: YOUR SELECT For further information regarding your tax liability, please Fact Sheet available on our website:	e see	the Tax Information for Pension Distributions	s
<b>Note:</b> Federal Income Tax Regulations require that there be ment program. This is based on our understanding of the curr ered a substitute for advice from the IRS or a tax advisor. This Jersey Division of Pensions & Benefits before the payment ca	rent re certifi	egulations. Under no condition should it be cicate must be completed and submitted to the	consid-
1. Check Box A if you do not want any federal income ta	ax with	nheld from the settlement.	
2. Check Box B if you want to have withholding apply. If y	you ch	heck B, you must also indicate the amount.	
<ol><li>Even if you elect to have federal income tax withheld, the taxable portion of the settlement. You also may be tax and withholding, if any, are not adequate.</li></ol>	-	•	
Please Check A or B:			
<ul><li>A.  Ido not want to have federal income tax withhe</li><li>B.  I want to have federal income tax withheld from</li></ul>		•	
The amount to be withheld is \$			
Executor/Administrator Name			
Executor/Administrator Address	City	State Zi <sub>i</sub>	p
EIN Number F	Phone	e Number	
By signing this <i>Estate Federal Tax Withholding Certificate</i> , I of <i>Distributions</i> Fact Sheet and fully understand the tax options a			ension

Date