

WYOMING RETIREMENT SYSTEM RETIREMENT APPLICATION INSTRUCTIONS

This retirement packet includes the paperwork needed for you to apply for a service retirement from the following plan:

PAID FIREFIGHTER – B PENSION

Please make sure **ALL** information is complete, and **ALL** forms have the appropriate signatures. ***Incomplete forms will delay your retirement.***

Below are answers to the most common questions members have when completing the retirement application. If you have any problems when completing, don't hesitate to call us we are happy to assist.

| FORM NAME | PAGE # | SPECIAL INSTRUCTIONS |
|---|----------|--|
| Benefit Option Explanation | 3 | Information only. Nothing needs to be completed. It is detailed information about each option to help you decide what option best suits your retirement needs. All possibilities are lifetime benefits for you, and you have to determine what happens to your pension at your passing. |
| Application (form A2) | 4 | <p>In most cases, the Retirement Date is the day after your actual last working day (or the day after the last day you use earned sick or annual leave). If your account has been inactive and you're unsure what retirement date to list, please contact WRS's office.</p> <p>The Last working day is the last day you received pay from a WRS participating employer.</p> <p>Complete ALL fields in the Primary Beneficiary section unless you choose Option 5. If choosing option 2 or 3, your spouse must be your beneficiary.</p> <p>Select a Self-Funded COLA option. See details on self-funded COLA at the bottom of page 3.</p> |
| Notary Acknowledgement (form A6) | 5 | <p>Acknowledge your signature(s) before a notary and have the notary complete the notary acknowledgement page.</p> <ul style="list-style-type: none"> • If married, your spouse's signature must also be notarized. • If not married, complete the Affidavit of Marital Status at the bottom of page 4. |
| Birth Certification: <i>Please attach to Retirement paperwork when submitting *</i> | | <p>A copy of your birth certificate must be attached to the application.</p> <p>If you're retiring under option 2 or 3 a copy of your beneficiary's birth certificate must be attached to the application as well.</p> <p>* If a birth certificate is not available, you may also use a copy of your signed Passport or Naturalization documents. Contact WRS for a list of other acceptable forms.</p> |
| Children/Additional/Contingent Beneficiaries (form A7) | 6 | If you have children under the age of 18 or if the option selected allows additional or contingent beneficiaries, you will include them on the Additional/Contingent Beneficiaries for Retirement form. |

WYOMING RETIREMENT SYSTEM

RETIREMENT APPLICATION INSTRUCTIONS (CONTINUED)

| FORM NAME | PAGE # | SPECIAL INSTRUCTIONS |
|--|-------------|---|
| Direct Deposit (form A8) | 7 | Complete ALL fields on the form and attach a voided check, if available. |
| Federal Tax Withholding (form A9) | 8-10 | Complete the appropriate fields on the W-4P. Retirement benefits are considered taxable income and are subject to Federal Income Tax. Please seek a tax professional if you have questions. |
| State Income Tax (form A10) | 11 | Wyoming does not have a State Income tax. If you are a Wyoming resident, you DO NOT need to complete this form. Your retirement benefit is income and the taxable portion may be subject to state income tax. You only need to complete this form if you live in a state with a State Income tax. |
| Prudential Life Insurance (optional): (form A12) | 12 | Prudential life insurance is a decreasing term life insurance sponsored by WRS. Prior enrollment is required to continue coverage into retirement. If you have a question about your registration, call Prudential Member Benefits at 800-525-8056. |
| Processing Time | | WRS must have all paperwork from you and the final contributions and notice of termination from your employer before your retirement request can be processed. If your account has been inactive, your retirement will be processed the month following the completed application receipt. Please make sure to provide a valid email in the personal information section. You will receive an email welcoming you to retirement once your retirement request has been processed. Incomplete forms and missing signatures will delay your retirement. If you do not respond to our request for additional information within 30 days, your retirement request will be canceled. |
| Other Considerations | | Check with your Health Insurance Administrator concerning insurance coverage once you retire. Check with a representative of your 457 Deferred Compensation Plan or your 403(b) Tax Sheltered Annuity Plan for retirement options. |

**WYOMING RETIREMENT SYSTEM
PAID FIREFIGHTER – B PLAN**

Your pension is a lifetime payment for you, the member; however, you will need to select one of the options below on your application for a potential lump-sum or monthly payment continuation at your death.

| OPTION/SUMMARY | BENEFIT OPTION EXPLANATION |
|---|---|
| OPTION 1: | A monthly benefit during <u>YOUR LIFETIME ONLY</u> . Upon your death, your beneficiary would receive a lump-sum payment, if the total of the benefit paid to you is less than the total of your contributions at the time you retired. This option does not provide for a monthly benefit after your death. |
| OPTION 2: 100% Joint and Spousal Benefit | This option provides a 100 percent lifetime benefit as long as you and your spouse live. Upon your death your spouse would receive the same monthly benefit you had been receiving. If there is a remaining balance in your account after the death of both you and your spouse, a contingent beneficiary will receive a lump-sum payment. This option does not allow for primary beneficiary designation change even in the death of the beneficiary or divorce. Option 2 is not available if you have a non-spouse beneficiary. |
| OPTION 3: 50% Joint and Spousal Benefit | This option provides a 50 percent lifetime benefit as long as you and your spouse live. Upon your death your spouse would receive half of the monthly benefit you had been receiving. If there is a remaining balance in your account after the death of both you and your spouse, a contingent beneficiary will receive a lump-sum payment. This option does not allow for primary beneficiary designation change even in the death of the beneficiary or divorce. Option 2 is not available if you have a non-spouse beneficiary. |
| OPTION 4: 10-year Certain | If your death occurs before you have received the benefit for ten years, your beneficiary will receive the same monthly benefit for the balance of the ten years, after which the benefit ceases. |
| OPTION 5: Single Lifetime Benefit | It is the highest benefit and is payable only during your lifetime with NO provision for any beneficiary payment after your death. Upon your death, any money remaining in your account would revert to WRS. |
| SELF-FUNDED COLA FEATURE | You may elect any of the payout options offered by WRS and combine it with a self-funded, cost-of-living adjustment (COLA). This feature provides a guaranteed annual increase each July 1, following the two-year anniversary of your retirement, in exchange for a reduction in the initial benefit amount (with zero percent COLA). It is designed to be the actuarial equivalent of the initial benefit and provide you a payout method that may suit your need to offset inflation in retirement. It will take a number of years before you exceed your initial benefit amount. However, you receive an ongoing increase to your pension income of either 1 percent, 2 percent or 3 percent and increases are compounded. It is expected at some point the increases will surpass the amount of your initial benefit. Upon death, any applicable continuing benefits will be determined based on the payout option and COLA feature elected. |

WYOMING RETIREMENT SYSTEM PAID FIREFIGHTER – B PLAN

| | | |
|--|---|----------------|
| Retirement Date*: | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Month Day Year </div> </div> <div style="flex: 1; font-size: 0.8em;"> <i>* If you are not sure what this date is see instructions.</i> </div> </div> | RAIN ID: _____ |
| Personal Information <i>The name must match WRS records.</i> | Social Security Number (SSN) _____ - _____ - _____ | |
| | Legal Name _____ <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: -10px;"> Last Name First Name Middle Initial </div> | |
| | Address _____ <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: -10px;"> Address City State Zip </div> | |
| | Date of birth _____ Phone # _____ | |
| | Email _____ <i>Your email will set up online account access & you will be emailed a Welcome Letter once your benefit is processed.</i> | |
| Employment Information | Employed by _____ Position _____ | |
| | Last working day _____ / _____ / _____ <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: -10px;"> Month Day Year </div> <i>* If you are not sure what this date is see instructions.</i> | |
| | Work History as a Firefighter (Any employment before April 2000 must be verified by the department) | |
| | (1) Employer: _____ From: _____ To: _____ | |
| | (2) Employer: _____ From: _____ To: _____ | |
| | Employment Verified By: _____ Date: _____ <div style="text-align: center; font-size: 0.8em;">Department Head</div> | |
| Primary Beneficiary <i>Additional beneficiary? Use page 6.</i> | Beneficiary's Name* _____ SSN _____ | |
| | Date of birth _____ Relationship to member _____ | |
| | <i>*If choosing option 2 or 3, your spouse must be your beneficiary.</i> | |
| Self-Funded COLA | Mark One: 0% 1% 2% 3% <i>If nothing is selected default will be 0% COLA</i> | |

SELECT ONE OPTION – SIGNATURE(S) MUST BE NOTARIZED

| | | | |
|------------------|---|------------|--------------------------|
| OPTION 1: | A monthly benefit during your lifetime only; no monthly benefit will continue after your death. | | |
| | Member's Signature _____ | Date _____ | Spouse's Signature _____ |
| | | | Date _____ |
| OPTION 2: | A monthly 100% Survivor benefit payable as long as you or your SPOUSE live. | | |
| | Member's Signature _____ | Date _____ | Spouse's Signature _____ |
| | | | Date _____ |
| OPTION 3: | A monthly 50% Survivor benefit payable as long as you or your SPOUSE live. | | |
| | Member's Signature _____ | Date _____ | Spouse's Signature _____ |
| | | | Date _____ |
| OPTION 4: | A monthly benefit during your lifetime, with a 10 year Certain payout. | | |
| | Member's Signature _____ | Date _____ | Spouse's Signature _____ |
| | | | Date _____ |
| OPTION 5: | A monthly benefit during your lifetime only, with no continuation provisions. | | |
| | Member's Signature _____ | Date _____ | Spouse's Signature _____ |
| | | | Date _____ |

AFFIDAVIT OF MARITAL STATUS (Must be completed if you are not married)

At this moment, I declare that as of the date below, I am **not** married, and I am not required to provide a spouse's signature under the option I have chosen for retirement.

Member's Signature _____

Date _____

WYOMING RETIREMENT SYSTEM
NOTARY ACKNOWLEDGEMENT**Notary must
complete**

State of _____ County of _____

Acknowledged before me, this _____ day of _____ 20____

by (*member's name*) _____,(*spouse's name*) _____,to be the person(s) whose name(s) is/are subscribed on the Retirement Application
attached:

Seal:

Witness my official hand and seal.

Notary Public Signature _____

Notary Public Print Name _____

Commission expires: _____

TO BE COMPLETED, ONLY IF THE SPOUSE'S SIGNATURE IS NOT ALREADY NOTARIZED ABOVE.

State of _____ County of _____

Acknowledged before me, this _____ day of _____ 20____

by (*spouse's name*) _____to be the person(s) whose name(s) is/are subscribed on the Retirement Application
attached:

Seal:

Witness my official hand and seal.

Notary Public Signature _____

Notary Public Print Name _____

Commission expires: _____

WYOMING RETIREMENT SYSTEM
CHILDREN/ADDITIONAL/CONTINGENT BENEFICIARIES FOR RETIREMENT

**Member
Information**

Legal Name _____, _____ Last 4-digits of SSN _____
Last First MI

CHILDREN UNDER THE AGE OF 18

List any children under the age of 18.

**Children
under age
18**

Child's Name _____ Date of birth _____

Child's Name _____ Date of birth _____

Child's Name _____ Date of birth _____

Child's Name _____ Date of birth _____

ADDITIONAL PRIMARY BENEFICIARIES (Available with Options 1 and 4)

Under Option 1, any remaining funds will be paid in a lump sum payment to the beneficiaries in equal shares unless otherwise specified in writing below. Under Option 4, any remaining monthly payments will be made to the beneficiaries in equal shares unless otherwise specified in writing below. No beneficiaries are allowed under Option 5.

1) Name _____ SSN _____
Date of Birth _____ Relationship _____ % _____

2) Name _____ SSN _____
Date of Birth _____ Relationship _____ % _____

CONTINGENT BENEFICIARIES (Available with Options 1, 2, 3, and 4)

Option 1, 2, 3, and 4 should your primary beneficiary not survive you, a lump sum payment of any remaining funds will be made to your contingent beneficiary as specified below. No beneficiaries are allowed under Option 5.

1) Name _____ SSN _____
Date of Birth _____ Relationship _____ % _____

2) Name _____ SSN _____
Date of Birth _____ Relationship _____ % _____

**Member's
Signature**

Please Sign



Member's Signature

Date

Your retirement benefit will be deposited electronically into your bank account. If you want your payment split between two accounts, please complete two forms and specify each account's amount; you may elect up to 2 accounts per pension payment. It may be changed anytime by written instruction to the payroll section of WRS. Must be received by the 15th of the month in the month the change is needed.

Wyoming Retirement System ♦ 2515 Warren Avenue Suite 450 ♦ Cheyenne, WY 82002 ♦ (307) 777-7691 ♦ Fax (307) 777-5995

**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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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.

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.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

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, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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(b).

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.

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

Specific Instructions *(continued)*

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 2024 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 2024, 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 2024 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse
\$21,900 if you're head of household
\$14,600 if you're single or married filing separately }

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:
• \$1,950 if you're single or head of household.
• \$1,550 if you're married filing separately.
• \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.
• \$3,100 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.

WYOMING RETIREMENT SYSTEM STATE TAX WITHHOLDING

You do not need to complete this form if you are a Wyoming resident, as Wyoming does not have a state income tax. If you live in a state with a state income tax, your retirement benefit may be subject to state income tax, consult a tax advisor if you have questions. Please return the completed form to WRS at the address, the fax number, or the email address at the bottom of the page.

| | |
|--|--|
| Member Information | <p>Legal Name _____, Last 4-digits of SSN _____ <small>Last First MI</small></p> <p>Address _____ <small>Street City State Zip</small></p> <p>Phone number _____ Email address: _____</p> |
| <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 48pt; font-weight: bold;">STATE</div> | <p>STATE Income Tax Withholding <i>(please choose one)</i></p> <p><i>If you have questions about your state's income tax, please contact a professional tax advisor. There is also helpful information on WRS's website at retirement.wyo.gov under the Retiree section.</i></p> <p><input type="checkbox"/> Do not withhold state income tax, OR my state doesn't have state income tax</p> <p><input type="checkbox"/> Withhold a flat amount or fixed percentage each month for state taxes:</p> <p style="margin-left: 40px;">Flat Amount \$ _____ (must be a whole dollar amount)</p> <p style="margin-left: 40px;">Fixed Percentage _____ % (must be a whole percentage, AZ excluded)</p> <p><input type="checkbox"/> Calculate my monthly state taxes using states tax tables based on the selection below:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p style="margin-left: 40px;">Number of exemptions (circle one) 0 1 2 3 4 5 6 7 8 9 10</p> <p style="margin-left: 40px;">Optional: Withhold the calculated amount plus: \$ _____</p> |
| Other Information | <ul style="list-style-type: none"> You may update your tax information anytime by written instruction to the Wyoming Retirement System. If you are making a change, please return this form by the 15th of any month. Each January, you will receive a 1099-R form from our payment processor Northern Trust for income tax purposes. |
| Member's Signature | <p>I authorize the Wyoming Retirement System to withhold State income tax from my pension benefit based on my election(s).</p> |
| Please Sign | <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Member's Signature </div> <div style="text-align: center;"> _____ Date </div> </div> |

**WYOMING RETIREMENT SYSTEM
PRUDENTIAL LIFE INSURANCE (OPTIONAL)**

IF YOU ARE NOT CURRENTLY ENROLLED, DO NOT COMPLETE THIS FORM

To find out if you're enrolled in WRS's Prudential Life Insurance plan, please contact your payroll clerk or check your pay stub for a \$9.00, \$12.00, or \$16.00 Prudential deduction. You can also contact Member Benefits, the Prudential Life Insurance administrators, at (800) 525-8056. *(Please note: the Prudential administrator "Member Benefits" is not the same as WRS' member benefits section.)*

| | |
|--|---|
| Member Information | Legal Name _____ Last 4-digits of SSN _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> |
| Continue Coverage? <i>If Continuing Coverage</i> | If you previously enrolled in the WRS-sponsored Prudential Life Insurance program, you have the option to continue your Prudential coverage in retirement. <i>(Please indicate election below)</i> <input type="checkbox"/> Yes, I want to continue in the Prudential Life Insurance program and have my premium deducted from my retirement check. <i>(If continuing coverage, please complete beneficiary information below and take this form to your Employer to complete Section 4 below)</i> <input type="checkbox"/> No, I do not want to continue the Prudential Life Insurance. |
| Primary Beneficiary | Primary Beneficiary: 1) Name _____ Last 4-digits of SSN _____ Date of Birth _____ Relationship _____ |
| Additional Primary Beneficiary and Contingent Beneficiaries | If you included additional primary beneficiaries and contingent beneficiaries on the Additional/Contingent Beneficiaries for Retirement form with your pension retirement. In that case, you may have those other beneficiary designations apply to Prudential too by initialing below. _____ Yes, I want the additional beneficiary designations on the Additional/Contingent Beneficiaries for Retirement form applied to my Prudential Life Insurance. |
| Member's Signature | <div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Member's Signature Date </div> |
| Disability Waiver of Premium | If you are under 60 years of age, become disabled (as determined by Prudential), and have been disabled for at least nine (9) months, your Schedule of Benefits for Public Employee Financial Protection Plan may be continued without further contributions as long as you annually furnish proof of your continued disability satisfactory to Prudential. For information about applying for a Waiver of Premium, call Member Benefits at 800-525-8056. The Waiver of Premium does not apply to the dependent spouse, domestic partner, or child coverage. |

TO BE COMPLETED BY YOUR EMPLOYER

Employer RAIN ID#: _____ Employer Name: _____

Employee's last working day: _____

Did Employee have Prudential Life Insurance offered through WRS? ☐ Yes ☐ No

If yes, amount of premium: ☐ \$16.00 ☐ \$12.00 ☐ \$9.00

Final premium will be paid in _____ in the amount of \$ _____
(Payroll Month)

Employer's Signature X _____ Date: _____