



Georgia Firefighters' Pension Fund

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Tax Withholding Request

Retiree Info	<p><i>(Please Print)</i></p> <p>Member No: _____ or Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>
Beneficiary Info	<p><i>(Please Print)</i></p> <p>Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>
Federal Tax	<p><i>(Please complete only one of the following)</i></p> <p>I do NOT want Federal income tax withheld from my payment.</p> <p>I want to have Federal income tax withheld from my payment based on the elections I have indicated below:</p> <p>Single Married # of Exemptions _____</p> <p>I want to have \$ _____ Federal income tax withheld from my monthly payment.</p>
State Tax	<p><i>(Please complete only one of the following)</i></p> <p>I do NOT want State income tax withheld from my payment.</p> <p>I want to have State income tax withheld from my payment based on the elections I have indicated below:</p> <p>Single Married Head of Household # of Exemptions _____</p> <p>I want to have \$ _____ State income tax withheld from my monthly payment.</p>

Under penalties of perjury, I certify that I am Entitled to the above elections. I hereby request the Fund withhold the amounts indicated above from my monthly benefit payments. This authorization is to remain in effect until the Fund has received written notification from me of its termination. I understand such notification must be received in the office of the Fund by the first day of the month before such termination is desired.

Signature of Retiree or Surviving Beneficiary

Date