

California Public Employees' Retirement System

Name

Social Security Number / CalPERS ID Number

Statement of Citizenship/Federal Tax Withholding Election

Section 1

Information About You

Provide information about
yourself and complete
Section 2 or 3 if applicable.

Name (First Name, Middle Initial, Last Name)

☐ SSN ☐ ITIN

Social Security Number (SSN) or IRS assigned Foreign Taxpayer Identifying Number (ITIN)

Note: ITIN is required for payment if you are a foreign citizen or resident alien.

Permanent Residence Address (Do Not Use P.O. Box or "In-Care-Of" Address Here)

City	State	ZIP	Country (Do Not Abbreviate)
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Mailing Address (if different from residence)

City	State	ZIP	Country (Do Not Abbreviate)
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Lump-sum benefits will be subject to withholding at the current rates specified by the Internal Revenue Service.

☐ I am a citizen and resident of the United States. If this box is marked, skip sections 2, 3 and 4 and sign here.

Signature _____

Date (mm/dd/yyyy)

Section 2

U.S. Citizen Living Abroad or Resident Alien

Fill out this section only if
you are a U.S. citizen living
abroad or a resident alien.

☐ I am a citizen of the united states living abroad

..... or

☐ I am a citizen of _____ and a legal resident of the United States of America.
Country

I elect federal withholding from any monthly benefit as follows:

Fixed dollar amount of \$ _____

Marital status ☐ Married ☐ Single

Number of Exemptions

Important: Be sure to sign the next page of this form or your election cannot be processed.

Section 3

Non-Resident Alien

Fill out this section only if
you are a non-resident
alien.

Country of Citizenship | Country of Legal Residence

I hereby request withholding of U.S. federal tax based on the rate prescribed in the income tax treaty between my country of residence and the United States. I have provided my taxpayer identification number as requested above. If my country of residence does not have a tax treaty with the U.S., 30 percent will be withheld as prescribed by federal law.

Section 4

Certification	
<p>I hereby certify that the above is a true and correct copy of the original document.</p> <p>_____ [Signature]</p> <p>_____ [Printed Name]</p>	<p>_____ [Signature]</p> <p>_____ [Printed Name]</p>

A "beneficial owner" is normally the beneficiary entitled to payment. For more information, please see IRS Form W-8BEN on the Internet at www.irs.gov.

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

Signature _____ Date (mm/dd/yyyy) _____

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).