

ARLINGTON COUNTY EMPLOYEES' RETIREMENT SYSTEM (ACERS)

2100 CLARENDON BOULEVARD – SUITE 511

ARLINGTON, VIRGINIA 22201

TELEPHONES: (703) 228-3500, Option 1 (800) 818-4910 FAX (703) 228-3265

Retirement Application Packet - Deferred Vested Member

Completing Your Application for Retirement

Your application consists of the following forms:

- Application for Retirement
- Income Tax Election Form
- Direct Deposit Authorization

Your completed application should be returned to the following address:

Arlington County Government
Human Resources Department
Attn: Retirement
2100 Clarendon Blvd. Suite 511
Arlington, VA 22201

You may fax the application to: 703-228-3265.

If you have any questions or need assistance, please contact our Benefits Team at 703-228-3500, Option 1 or via email at benefits@arlingtonva.us. (Please do not email applications since you are including your bank account information on your application.)

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Retirement Application - Deferred Vested Member

Part A. Member Information	
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Birth Date (mm/dd/yy)
3. Social Security Number (last 4 digits)	4. Daytime Phone Number
5. Mailing Address (Street) (City) (State) (Zip)	
6. Email Address	
7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	8. Retirement Benefit Effective Date
Part B. Payment Options	
<input type="checkbox"/> Basic Benefit	Survivor Option <input type="checkbox"/> 50% Survivor Option <input type="checkbox"/> 66 2/3% Survivor Option <input type="checkbox"/> 100% Survivor Option
<p>Under the provisions of the Arlington County Code as a retiring member you can elect a reduced monthly retirement benefit during your lifetime in order to provide a joint & survivorship continuance benefit to your beneficiary following your death. You may choose to leave 50%, 66 2/3%, or 100% of the monthly benefit you were receiving when you died. This survivor annuity is payable for life. The amount of reduction to your benefit depends on your age and the age of your nominated beneficiary when payments begin, and on the percentage of your benefit that you want continued after your death. If your nominated beneficiary should die before you, your benefit would be increased prospectively to the monthly benefit you would have received if you had not elected an optional joint & survivorship benefit.</p>	
Part C. Survivor/Beneficiary Information	
1. Name (First) (MI) (Last) (Jr./Sr.)	2. Birth Date (mm/dd/yy)
3. Social Security Number	4. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Address (only if different from member)

PART D. CERTIFICATION

Member Certification

Under the provisions of the Arlington County Retirement System Ordinance, I hereby apply for retirement.

I certify that I am not currently under a Qualified Domestic Relations Order (QDRO) or I have provided such document along with this application I have been advised of the optional benefits available to me.

I understand that by electing a joint & survivor option, my basic benefit will be reduced in order to provide a benefit for my beneficiary after my death and that if I wish to rescind the joint & survivor election I must receive the written consent of the person nominated to receive the benefit. I further understand that if I am married at the time of retirement and I have not made this election for my spouse or I have elected a beneficiary other than my spouse, this application must have the written consent of my spouse.

Member Signature _____ **Date** _____

TO BE COMPLETED BY NOTARY:

County Of _____ **State Of** _____

On this (dd)_____ day of (mm)_____, (yy)_____, the member whose name is signed above, personally appeared before me and acknowledged the foregoing signature to be his/hers.

My commission expires _____ **Notary Signature** _____

Spouse Certification *(only required if married and electing a Basic/Single Life benefit)*

I the undersigned spouse of the above retiring member have read and understand the retirement payout options available. I understand that my spouse has selected a retirement option which **does not** provide a lifetime annuity for me in the event he/she predeceases me. I voluntarily and under my own free will consent to this election and hereby absolve the Retirement System of any liability under the survivorship option provisions of the Arlington County Retirement Code.

Spouse Signature _____ **Date** _____

TO BE COMPLETED BY NOTARY:

County Of _____ **State Of** _____

On this (dd)_____ day of (mm)_____, (yy)_____, the member whose name is signed above, personally appeared before me and acknowledged the foregoing signature to be his/hers.

My commission expires _____ **Notary Signature** _____

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Request for Income Tax Withholding

Complete this form if: (1) You are a new retiree, or (2) you want to make a change to your income tax withholding. If a completed tax withholding form is not on file, we will withhold federal income tax based on the rate for a married individual claiming three exemptions and state income tax based on the rate for zero exemptions.

PART A. RETIREE INFORMATION

1. Name	(First)	(MI)	(Last)	(Jr./Sr.)
2. Address	(Street)	(City)	(State)	(Zip)
3. Social Security Number	4. Telephone Number			

PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one option below. If you choose to have income tax withheld, provide your marital status and the number of exemptions.

- Do not withhold federal income tax from my monthly benefit. I understand that I am liable for payment of federal income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If you are a U.S. Citizen or resident alien and your monthly benefit payments are delivered outside the U.S. or its possessions, you *must* have federal income tax withheld.)
- Using the marital status and the exemptions below, calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15.
- Marital Status: Married Single Married, but withhold at higher Single Rate
- Number of Exemptions: _____
- If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____
- Instead of calculating my federal income tax, I elect a voluntary withholding per month in the amount of \$ _____.

PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one option below. If you choose to have state income tax withheld, provide the number of exemptions of each type.

(You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

- Do not withhold state income tax from my monthly benefit. I understand that I am liable for payment of state income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
- Using the exemptions below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.
- Personal Exemptions: _____ Age and Blindness Exemptions: _____ Total Exemptions: _____
- If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____
- Instead of calculating my state income tax, I elect a voluntary withholding per month in the amount of \$ _____.

SIGNATURE _____ DATE _____

Completing Part B. Federal Income Tax Withholding

For detailed information about federal income tax withholding, refer to the Internal Revenue Service (IRS) web site at www.irs.gov to review the IRS Form W-4P. The "Personal Allowances Worksheet" from the W-4P is provided below for calculating exemptions for federal income tax purposes. Review the IRS Form W-4P for additional information about other worksheets that might apply.

- A** Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____
- B** Enter "1" if: a) You are single and have only one pension; or **B** _____
b) You are married, have only one pension and your spouse has no income subject to withholding; or
c) Your income from a second pension or a job, or your spouse's pension or wages (or the total of all), is \$1,000 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "0" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "0" may help you avoid having too little tax withheld.) **C** _____
- D** Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return. **D** _____
- E** Enter "1" if you will file as **head of household** on your tax return. **E** _____
- F** **Child Tax Credit** (including additional child tax credit): If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child, plus "1" additional if you have for or more eligible children. **F** _____
- G** Add lines A through F for total Personal Exemptions. Enter this number in Part B if you choose to have federal income tax withheld. **Note:** This may be different than the number of exemptions you claim on your tax return. **G** _____

Completing Part C. State Income Tax Withholding

For detailed information about state income tax withholding, refer to the Virginia Department of Taxation web site at www.tax.virginia.gov to review the Virginia Form VA-4P. The "Personal Exemption Worksheet" from the VA-4P is provided below for calculating exemptions for state income tax purposes.

Calculate Personal Exemptions

- 1** Enter "1" for **yourself**. **1** _____
- 2** If you are married and your spouse is not claimed on his or her own certificate, enter "1". **2** _____
- 3** Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.) **3** _____
- 4** Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **4** _____

Calculate Exemptions for Age and Blindness

- 5** Age: a) If you will be 65 or older on January 1, enter "1". **5a** _____
b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1". **5b** _____
- 6** Blindness: a) If you are legally blind, enter "1". **6a** _____
b) If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1". **6b** _____
- 7** Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **7** _____

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Direct Deposit Authorization

1. Social Security Number (last 4 digits only)	2. Name (First) (MI) (Last)	
3. Home Address		
4. City	State	Zip Code
5. REQUIRED PRIMARY Account (where you want your net pay to be deposited) I hereby authorize the Arlington County Employees' Retirement System to initiate credit entries to my (check one) Checking _____ Savings _____ account indicated below and the bank/savings & loan/credit union to credit the same to such account. This authority is to remain in full force and effect until the Retirement System has received written notification from me of its termination.		
5a. Name of Bank/Savings & Loan/Credit Union		
5b. Bank Transit/Routing Number (9 Digit #)	5c. Bank Account Number	
6. OPTIONAL SECONDARY Account (where you want a portion of your net pay deposited. For example, if you want \$100 to be deposited to the Arlington Credit Union.) I hereby authorize the Arlington County Employees' Retirement System to initiate credit entries in the amount of \$ _____ OR _____% to my (circle one:) Checking / Savings account indicated below and the bank/savings & loan/credit union to credit the same to such account. This authority is to remain in full force and effect until the Retirement System has received written notification from me of its termination.		
6a. Name of Bank/Savings & Loan/Credit Union		
6b. Bank Transit/Routing Number (9 Digit #)	6c. Bank Account Number	
7. Signature	8. Date	9. Your Telephone #
PLEASE ATTACH A VOIDED CHECK HERE A voided check is necessary to verify the Bank Transit Number & Your Account Number. If your Direct Deposit goes to a checking account, this form will be returned to you if a voided check is not provided. (Please do not attach deposit slips) Direct Deposit may be made to a checking account OR a savings account. If you elect to use a savings account for the Direct Deposit, it is not necessary to attach a voided check – just provide us with the bank routing number and your bank account number, both available from your bank.		