



Service Retirement Application Process

Maximum Retirement Allowance & Beneficiary Designation

Congratulations and welcome to the **Employees' Retirement System (ERS)** Service Retirement Application process! A Retirement Benefits Analysts will be assigned to guide you through your service retirement application process upon receipt of your Service Retirement Application.

Due to the threat of the Coronavirus, ERS has modified the service retirement application process to service our members remotely. This packet is designed to provide you with the information and ERS forms and documents we need to process your service retirement benefit.

To obtain a customized **estimate** of your projected retirement benefit, go to our website at www.bcercs.org and click on **Member Services – Self Service Login**. If you are logging in for the first time, you must “Register” first before you proceed. After you log in, click on either the link “Run a pension estimate” or “Estimate” and enter your estimated retirement date and beneficiary’s date of birth to generate your pension estimate.

The Service Retirement Application process has two required steps:

- **First Step:** The following required **documents**, where applicable, must be received by ERS as early as 90 days and no later than 60 days prior to your expected retirement date in order to process your service retirement application timely. Refer to the Service Retirement Application Submission Schedule posted on our website.
 - A copy of your birth certificate
 - A copy of your photo ID (*Valid Driver’s License/State Issued ID*)
 - A copy of your marriage certificate(s) (*if you are or have ever been married in the past during your employment with Baltimore City*)
 - A copy of your spouse’s birth certificate (*if married*)
 - A copy of birth certificate for children under age 22
 - A copy of your divorce decree(s) (*if you are or have ever been divorced in the past during your employment with Baltimore City*)
 - A copy of your spouse’s death certificate (*if you are or have ever been widowed during your employment with the Baltimore City*)

- **Second Step:** You must complete, sign and date the following **ERS Forms** enclosed in this packet and have them **notarized** where noted no earlier than 90 days and no later than 60 days prior to your expected retirement date. All completed and notarized forms must also be received by ERS no earlier than 90 days and no later than 60 days prior to your expected retirement date. Refer to the Service Retirement Application Submission Schedule posted on our website.
 - **Application For Service Retirement** *(Must be notarized)*
 - **Election Of Maximum Retirement Allowance & Beneficiary Designation Under Maximum Retirement Allowance*** *(Must be notarized)*
 - **Marital Status Affidavit** *(Must be notarized)*
 - **Marriage, Divorce & Settlement Agreement Affidavit** *(Must be notarized, if applicable)*
 - **Application For Pre-Employment Military Service Credit** *(Must be notarized)*
 - **Designation of Custodian For Member's Minor Child** *(Must be notarized, if applicable)*
 - **Active Death Beneficiary Designation Form** *(Must be notarized)*
 - **W-4P Federal Tax Form Coversheet** *(required)*
 - **2026 Federal W-4P Withholding Certificate** *(required)*
 - **Maryland State Tax Withholding Certificate** *(Maryland Residents Only)*
 - **Direct Deposit Request** *(Attach a Voided Check or Direct Deposit Authorization Form from Banking Institution)*
 - **Acknowledgement Re-employment After Retirement** *(Must be notarized)*
 - **Change of Address Request Form** *(if applicable)*
- **Important Note:** Enclosed is a summary of the **ERS Service Retirement Options** for your review. If you wish to choose a different **eligible** service retirement option other than the **Election of Maximum Retirement Allowance**, please notify ERS by email immediately so that the proper form can be emailed/mailed to you timely.

Your "Application For Service Retirement" and your "Service Retirement Option Form" selected must be signed, dated and notarized in the presence of a notary public within the application submission period, which is no earlier than 90 days and no later than 60 days prior to your expected retirement date.

All required documents and **notarized** ERS forms can be mailed directly to ***Employees' Retirement System, 7 E. Redwood Street, 13th Floor, Baltimore, MD 21202*** and must be received by ERS no earlier than 90 days and no later than 60 days prior to your expected retirement date. **If ERS does not receive ALL required documents and ERS forms at least 60 days prior to your expected retirement date, your Service Retirement application will NOT be processed for your expected retirement date. You will have to reapply for the next retirement payroll cycle with no retroactive retirement benefit.**

If you have any questions regarding the Service Retirement Application process, please contact ERS by email at contactERS@bcers.org or telephone at 443-984-3200. A Retirement Benefits Analyst will respond to you by email or telephone during normal office hours. Our office hours are Monday through Friday from 8:30 am to 4:30 pm.



Service Retirement Options

Option 0 - Maximum Retirement Allowance: A member who is eligible to receive a retirement allowance is entitled to receive the maximum benefit without reduction. Upon the death of the retired member, the Board of Trustees shall pay 40% of the member's retirement allowance to the surviving spouse to whom the retired member was married for at least 1 year immediately before the member's retirement date, or if there is no qualifying spouse, then to the retired member's minor children in equal shares. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

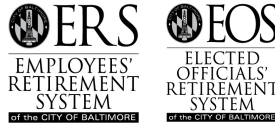
Option 1 - Reserve Guarantee: This benefit is permanently reduced to provide a lump-sum payment to the designated beneficiary and the lump-sum payment is determined by the life expectancy of the member. If the member dies before he/she has received in total retirement benefits the value of his/her retirement allowance, the balance shall be paid to his/her legal representative or to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees. The beneficiary can be changed at any time. The designated beneficiary is not entitled to apply for retiree health benefits with DHR-Office of Employee Benefits.

Option 2 - 100% Joint & Survivor: This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 100% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

Option 3 - 50% Joint & Survivor: This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 50% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

Option 5 - 100% "Pop-up" Joint & Survivor: This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 100% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits. If the beneficiary dies before the member, the member will receive the maximum retirement allowance and a new beneficiary cannot be designated.

Option 6 - 50% "Pop-up" Joint & Survivor: This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 50% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits. If the beneficiary dies before the member, the member will receive the maximum retirement allowance and a new beneficiary cannot be designated.



THE CITY OF BALTIMORE
 EMPLOYEES' RETIREMENT SYSTEM
 7 East Redwood Street -- 13th Floor
 Baltimore, Maryland 21202-3470 Phone
 443-984-3200 Fax 443-853-3767

FOR ERS USE ONLY

PENSION # _____

DATE RECEIVED _____

APPLICATION FOR SERVICE RETIREMENT

Name _____ SSN _____

Email _____ Phone _____

Address _____

Board of Trustees: In accordance with the provisions of the law governing the operation of the City of Baltimore Employees' Retirement System, I, the undersigned member of the Retirement System, do hereby make application for retirement from active service as a

TITLE OF POSITION AS IT APPEARS ON PAYROLL _____ in _____ DEPARTMENT _____.

Your retirement benefit effective date must be at least 60 days and no more than 90 days after the date of this form.

I request that my retirement benefit become effective on _____.

I was born on _____.

If a Class C or D member, I have attained at least 30 years of service OR at least 5 years of service and age 55.

If a Class A member, I have attained at least 30 years of service OR at least 5 years of service and age 60.

I understand the provisions of Article 22 of the Baltimore City Code relative to the maximum retirement allowance and optional forms of benefits.

I wish to elect the _____ form of benefit.
SERVICE RETIREMENT OPTION

I designate _____ as my beneficiary to receive a benefit upon
NAME OF BENEFICIARY

my death. This individual is my _____,
RELATIONSHIP OF BENEFICIARY TO YOU

who was born _____.
BIRTH DATE OF BENEFICIARY

 Signature of applicant

STATE OF _____, CITY/COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

My Commission Expires: _____

 Notary Public

[Seal]



THE CITY OF BALTIMORE
EMPLOYEES' AND ELECTED OFFICIALS'
RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor
Baltimore, Maryland 21202-3470 Phone
443-984-3200 Fax 443-853-3767
Office Hours 8:30-4:30

**BENEFICIARY DESIGNATION UNDER
MAXIMUM RETIREMENT ALLOWANCE**

Retiree Name: _____ SSN: _____
First Middle Initial Last

Home Address: _____
Street

City _____ State _____ Zip _____

Were you married at least 1 year prior to your retirement date? ☐ Yes ☐ No

Are you still married to this spouse? ☐ Yes ☐ No

Spouse Name: _____ SSN: _____
First Middle Initial Last

Date of Birth: _____ Date of Marriage: _____

Do you have any children under the age of 22?

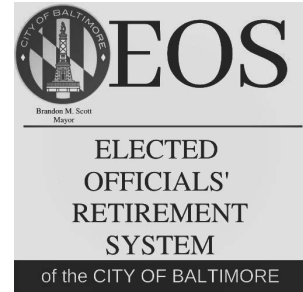
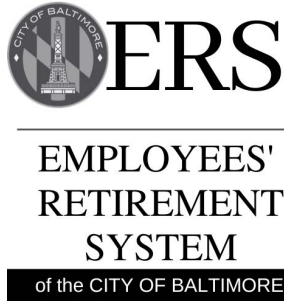
☐ Yes ☐ No

If yes, please provide the name and date of birth of any child(ren)

Full Name of Child

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**THE CITY OF BALTIMORE EMPLOYEES' & ELECTED OFFICIALS' RETIREMENT
SYSTEM 7 East Redwood Street - 13th Floor, Baltimore, Maryland 21202-3470
Phone: 443-984-3200-Option 1 / Fax 443-853-3767**

Office Hours 8:30-4:30

MARITAL STATUS AFFIDAVIT

- It is very important for ERS to be certain of a member's marital status during his/her employment with the City of Baltimore when applying for retirement benefits. If a divorce decree or other court order such as a settlement agreement is granting an ex-spouse to receive a portion of the member's retirement benefits, ERS is obligated to comply with the terms of that order and will subtract that portion from the member's benefit.
- All members must complete, sign and have notarized the **Marital Status Affidavit** and submit a copy of their marriage certificates and/or divorce decrees as part of the application process.
- If you were married during any period of your employment with the City of Baltimore and got divorced either while you were still employed by the City or after you terminated your employment (or retired), your ex-spouse may be entitled to a portion of your ERS retirement benefit.
- Those members who do not submit a copy of all marriage certificates and/or divorce decrees obtained during their employment with the City of Baltimore must complete, sign and have notarized an additional affidavit attesting to their marital status during their employment with the City of Baltimore and any court ordered settlement agreements.
- If you do not provide the Marital Status Affidavit and required documentation, the processing of your service retirement application and payment of benefits will be delayed, and no retroactive payments will be made.
- **Note: If spouses are living separately, but have not obtained a court order or decree of divorce, they are still legally married.**

THE CITY OF BALTIMORE EMPLOYEES' AND ELECTED OFFICIALS' RETIREMENT SYSTEMS
7 East Redwood Street -- 13th Floor Baltimore, Maryland 21202-3470
Phone: 443-984-3200-Option 1 / Fax: 443-853-3767 Office Hours 8:30-4:30

AFFIDAVIT OF MARITAL STATUS WHILE EMPLOYED BY BALTIMORE CITY

The undersigned solemnly declares and affirms under the penalties of perjury:

Name: _____ Social Security No.: _____

I was employed by the City of Baltimore from: _____ until: _____.

Check where applicable and write in the number of times each marital event has occurred.

____ (1) I was never married while I was an employee of the City of Baltimore.

____ (2) I have been married ____ time(s) while I was an employee of the City of Baltimore.

____ (3) I have been divorced ____ time(s) while I was an employee of the City of Baltimore.

____ (4) I have been widowed ____ time(s) while I was an employee of the City of Baltimore.

If it is determined that my ex-spouse(s), if applicable, is entitled to or becomes entitled to any portion of my ERS pension or benefits, and, as a result, ERS is required to pay my ex-spouse(s) for any period for which it paid me the pension or benefits without a reduction for my ex-spouse's share, I consent to ERS withholding any and all payments to me until the payments to my ex-spouse(s) are recovered in full.

Signature Date

State of _____

County/City of _____

Sworn and subscribed to before me this _____ day of _____, 20____, by the above-named person whose identity was made known to me through satisfactory proof of identity.

My Commission Expires: _____

Signature of Notary Public

[Seal]

The City of Baltimore Employees' and Elected Officials' Retirement Systems



APPLICATION FOR PRE-EMPLOYMENT MILITARY SERVICE CREDIT

FOR ERS USE ONLY

Pension #:

Date Received:

Name:

SSN:

Eligibility Requirements: A member may receive up to 3 years of ERS service credit for United States military service prior to employment with the City of Baltimore. To qualify, a member must:

- 1) Acquire at least 10 years of ERS service and attain age 62 or acquire 20 years of ERS service, regardless of age;
- 2) Not be eligible to receive retirement benefits for the military service from any other retirement system except for a Reserve Component Retirement benefit for Reserve service and National Guard members; and
- 3) Not be eligible for a regular active duty military pension.

Complete Section I or Section II.

Did you serve in the United States military prior to your employment with the City of Baltimore?

SECTION I. If NO, sign here: _____ **Date:** _____

SECTION II. If YES, complete Parts A, B, C, D and E below:

PART A: Check the military branch in which you served.

☐ Army ☐ Air National Guard
☐ Navy ☐ Maryland National Guard
☐ Marine Corps ☐ Army National Guard
☐ Air Force ☐ Coast Guard
☐ Other (specify) _____

PART B: Enter your military entry and separation dates.

	YYYY	mm	dd
Date of Entry	_____	_____	_____
Date of Separation	_____	_____	_____
Total Military Service	_____	_____	_____

Part C: A copy of your Form DD214 must be provided to the ERS to validate your claim for military service.

Did you attach Form DD214? YES ___ NO ___

PART D: Indicate if you have or will receive credit for your military service in another system.

1. Do you now receive or expect to receive military retirement benefits for military service indicated on your DD214? YES ___ NO ___
2. Do you now receive or expect to receive disability compensation/pension from the Veterans Administration for an injury sustained while serving on active military duty? YES ___ NO ___
3. Do you now receive or expect to receive any benefits from any other retirement system, which includes the period of military service you are claiming on this application? YES ___ NO ___
4. If yes, indicate the name of the retirement system: _____

PART E: Sign and date this form.

Under penalties of perjury, I hereby certify that the above information is true and correct. I authorize the release of any documents pertaining to my pre-employment military service or the crediting of that service under another retirement system to the ERS.

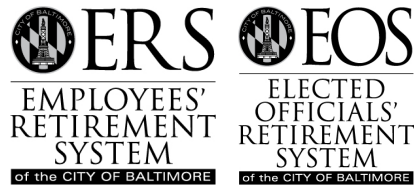
Signature: _____ Date: _____

State of Maryland, County/City of _____

I hereby certify that on the _____ day of _____, 20 _____, before me, the subscriber, personally appeared _____ and made oath or affirmation in due form of law that the matters and facts set forth in the Application for Military Service Credit are true.

_____ Notary Public

_____ Seal



THE CITY OF BALTIMORE
EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor
Baltimore, Maryland 21202-3470
Phone 443-984-3200 Fax 443-853-3767

DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD

If you die before beginning to receive ERS benefits and death benefits are payable to your child (or children) under age 18, ERS cannot make payments directly to that child. ERS will only pay benefits to a custodian you designate under the Maryland Uniform Transfers to Minors Act OR to a court-appointed guardian. This DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD allows you to designate a custodian of your choice.

CUSTODIANS

The custodian you name will receive and manage the ERS benefits on behalf of your child until he or she reaches age 18. Even though the custodian controls the benefits, your child still legally owns them. When your child reaches age 18, control of the ERS benefits passes to your child automatically. (In addition, if payments continue to your child beyond age 18 because he or she is a student, ERS will make those payments directly to your child.)

You should only name someone you trust as custodian. ERS does not monitor what happens to the benefit after it is paid.

You may designate a **primary custodian** to serve as long as he or she is willing and able. You may also designate a **contingent custodian**, or second choice custodian, to serve if the primary custodian, dies, cannot serve for any other reason or is unwilling to serve.

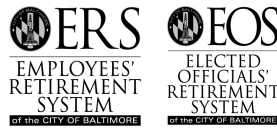
GUARDIANS

You cannot use this form to select a guardian or to become a guardian. Only a court can appoint a guardian.

IF YOU DO NOT COMPLETE THIS FORM, A GUARDIAN MUST BE APPOINTED BY A COURT TO ACCEPT ERS BENEFITS ON BEHALF OF YOUR CHILD IF HE OR SHE IS UNDER AGE 18. ERS CANNOT PAY ANY CHILD UNDER AGE 18 DIRECTLY.

DIRECTIONS

- If you have more than one child under age 18, you must complete a separate form for each child.
- Fill in your name and your child's name.
- List the name of the primary custodian and his or her contact information.
- If you want, list one or two contingent custodians.
- Sign and date the form. Have it notarized. **The form is not valid unless signed and notarized.**
- Return the form to the address at the top of the page and keep a copy for your records.



THE CITY OF BALTIMORE
EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor
 Baltimore, Maryland 21202-3470
 Phone 443-984-3200 Fax 443-853-3767
 Office Hours 8:30-4:30

FOR ERS USE ONLY

PENSION # _____

DATE RECEIVED _____

DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD

In the event that I, _____ should die before beginning to receive ERS benefits, it is my specific intention that any and all benefits that may be payable by the Employees' Retirement System upon my death to my minor child, _____ be distributed to a custodian on behalf of my minor child. This transfer will be made pursuant to the Maryland Uniform Transfers to Minors Act (Md. Code, Estates and Trusts §§ 13-301 *et seq.*).

It is my specific intention to designate the following primary custodian to act on behalf of my child:

NAME OF PRIMARY CUSTODIAN _____

SOCIAL SECURITY NUMBER OF PRIMARY CUSTODIAN _____

ADDRESS OF PRIMARY CUSTODIAN _____

PHONE NUMBER OF PRIMARY CUSTODIAN _____

If at any time the primary custodian is unable or unwilling to act as such custodian, then the following contingent custodians are designated to act on behalf of my child, in the order in which they are listed below.

NAME OF 1ST CONTINGENT CUSTODIAN _____

NAME OF 2ND CONTINGENT CUSTODIAN _____

ADDRESS OF 1ST CONTINGENT CUSTODIAN _____

ADDRESS OF 2ND CONTINGENT CUSTODIAN _____

SOCIAL SECURITY NUMBER OF 1ST CONTINGENT CUSTODIAN _____

SOCIAL SECURITY NUMBER OF 2ND CONTINGENT CUSTODIAN _____

PHONE NUMBER OF 1ST CONTINGENT CUSTODIAN _____

PHONE NUMBER OF 2ND CONTINGENT CUSTODIAN _____

SIGNATURE OF MEMBER _____ **DATE** _____

NOTARY ACKNOWLEDGMENT

STATE OF _____, CITY/COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

My Commission Expires: _____

 Notary Public

 [Seal]



THE CITY OF BALTIMORE EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor
 Baltimore, Maryland 21202-3470
 Phone 443-984-3200 Fax 443-853-3767
 Office Hours 8:30-4:30



ACTIVE DEATH BENEFICIARY DESIGNATION FORM

The BENEFICIARY DESIGNATION FORM allows you to name any person you want to receive benefits payable from the Employees' Retirement System ("ERS") if you die before you begin receiving ERS benefits.

THIS FORM DOES NOT ALLOW YOU TO NAME BENEFICIARIES FOR UNION DEATH BENEFITS OR ANY OTHER LIFE INSURANCE BENEFITS.

If you die **while not in the line-of-duty**, ERS provides several pre-retirement death benefit options. The beneficiary you name will determine which of those options are available:

- If you name your **spouse**, he or she may choose:
 - a lump sum equal to 50% of your salary + your employee contributions with interest; or
 - a monthly pension (if you worked at least 20 years or were eligible to retire).
- If you name your **minor child or children**, they may choose:
 - a lump sum equal to 50% of your salary + your employee contributions with interest; or
 - a monthly pension until they are no longer minors (if you worked at least 20 years).
- If you name **one or both of your parents**, they may choose:
 - a lump sum equal to 50% of your salary + your employee contributions with interest; or
 - a monthly pension (if you were eligible to retire).
- If you name **anyone else**, that person or persons will receive a lump sum equal to 50% of your salary + your employee contributions with interest.

If you die **while in the line of duty**, **anyone you designate** will receive a monthly pension and a lump sum equal to your employee contributions with interest.

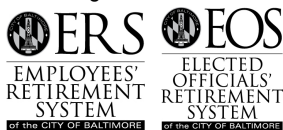
IF YOU NAME YOUR SPOUSE AS YOUR BENEFICIARY AND THEN YOU DIVORCE, YOU MUST COMPLETE ANOTHER FORM TO CHANGE YOUR BENEFICIARY. IF YOU DO NOT COMPLETE ANOTHER FORM, YOUR FORMER SPOUSE WILL RECEIVE A LUMP SUM DEATH BENEFIT.

IF YOU DO NOT COMPLETE THIS FORM, a lump sum death benefit automatically will be paid to:

- your living **spouse**; but if your spouse dies before you, then to
- your living **child or children** in equal shares, but if they die before you, then to
- your living **parent or parents** in equal shares, but if they both die before you, then to
- your **estate**.

DIRECTIONS:

- Fill in your name and Social Security No.
- Name your **first choice beneficiary** or beneficiaries under "Primary Beneficiary(ies)."
 - If you name more than one first choice beneficiary, fill in the "% of Benefit" section.
 - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
 - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- Name your **second choice beneficiary** under "Contingent Beneficiary(ies)."
 - The second choice beneficiaries will receive your death benefit only if **none** of your first choice beneficiaries are living at the time of your death.
 - If you name more than one second choice beneficiary, fill in the "% of Benefit" section.
 - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
 - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- Sign and date the form. Have it notarized. **The form is not valid unless signed and notarized.**
- Return the form to the address at the top of the page. Keep a copy for your records.



THE CITY OF BALTIMORE EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street, 13th Floor, Baltimore, Maryland 21202

BENEFICIARY DESIGNATION FORM

FOR ERS USE ONLY

PENSION # _____

DATE RECEIVED _____

Member's Name _____

Social Security No. _____

TO THE BOARD OF TRUSTEES: I request that the following beneficiary designation take the place of any prior beneficiary designation filed with the Employees' Retirement System ("ERS").

PRIMARY BENEFICIARY(IES): I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally only among the remaining beneficiaries who are living at the time of my death.

(1) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(3) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(2) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(4) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

☐ Check if you used an additional Designation Form to name additional primary beneficiaries.

CONTINGENT BENEFICIARY(IES): If all primary beneficiaries die before me, I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally only among the remaining beneficiaries who are living at the time of my death.

(1) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(3) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(2) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

(4) Name _____

Address _____

% of Benefit _____ SSN _____

DOB _____ Relationship _____

☐ Check if you used an additional Designation Form to name additional primary beneficiaries.

SIGNATURE OF MEMBER _____ DATE _____

NOTARY ACKNOWLEDGMENT

STATE OF _____, CITY/COUNTY of _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

My Commission Expires: _____

Notary Public

[Seal]



The City of Baltimore
Employees' and Elected Officials' Retirement Systems
 7 East Redwood Street, 13th Floor
 Baltimore, MD 21202-3470



W-4P FEDERAL INCOME TAX WITHHOLDING CERTIFICATE

For a Retiree, Beneficiary, or Alternate Payee

First Name: _____ MI _____ Last Name: _____ Last 4-digits SSN: _____

Please provide phone numbers where you can be reached Monday through Friday between 8:30 am and 4:30 pm:

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email 1: _____ Email 2: _____

☐ **Attach a Copy of Photo Identification (Driver's License/State Issued ID/Passport)**

Check One:

☐ New Retiree

☐ New Beneficiary Due to Death of Retiree or Active Member

☐ Change Current Federal Tax Withholding (Changes take at least 30 days to process)

Please note: This form only applies to federal income tax withholding. If you are a Maryland resident and are a New Retiree or New Beneficiary, you must also complete the ERS Maryland State Tax Withholding Certificate.

You can submit your completed W-4P Federal Income Tax Withholding Certificate via fax, mail, or scan and email to the ERS office.

Mail: City of Baltimore Employees' Retirement System, 7 E. Redwood St., 13th Floor
 Baltimore, Maryland 21202-3470

Fax Number: 443-853-3767

Email: contacters@bcers.org

**If you need assistance completing this form, we encourage you to contact
 your tax advisor, financial advisor, CPA, or the IRS.**

FOR ERS USE ONLY	Pension #:	Date Received:
-------------------------	------------	----------------

Additional Instructions

How to Submit: This completed form along with a copy of the photo identification should be sent to ERS either by fax to (443) 853-3767, email to contacters@bcers.org or mail to Employees' and Elected Officials' Retirement System, 7 E. Redwood Street, 13th Floor, Baltimore, MD 21202.

Benefit Recipient Certification: To submit a W-4P Federal Income Tax Withholding Certificate, you, or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child, must include photo identification and the W-4P Federal Income Tax Withholding Certificate with all sections completed.

Minor Recipient: A minor child below the age 18 for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, cannot sign this form. See Guardian/Custodian section below.

Guardian/Custodian: If you are a guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to process the W-4P Federal Income Tax Withholding Certificate.

Power of Attorney: If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power of attorney on file to process the W-4P Federal Income Tax Withholding Certificate.

Changing Federal Income Tax Withholding: Federal income tax withholding arrangements will continue until ERS is notified by you or by a person authorized by you (see above) of a change to the benefit recipient's Federal income tax withholdings. To make a change, you, or an authorized person, must complete a new W-4P Federal Income Tax Withholding Certificate.

For general inquiries, please contact ERS at (443) 984-3200 or toll free at 1 (877) 273-7136.

**Withholding Certificate
for Periodic Pension or Annuity Payments**
Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

**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) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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, minus 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 pension/annuity, 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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c)	\$	
	Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here	3	\$	

**Step 4:
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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . .

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** . . .

4(c) \$

No withholding

I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 ☐

**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 unless otherwise noted.

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 checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), 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. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex 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 Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he 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). He 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.



Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

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.

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 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 17, if you expect to claim deductions other than the basic standard deduction on your 2026 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 qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

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 when you file your tax return.

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 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Additional standard deduction. If you (or your spouse) are 65 or older.	
Enter:	$\left\{ \begin{array}{l} \bullet \$2,050 \text{ if you're single or head of household} \\ \bullet \$1,650 \text{ if you're married filing separately} \\ \bullet \$1,650 \text{ if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65} \\ \bullet \$3,300 \text{ if you're married filing jointly and both of you are age 65 or older} \end{array} \right\}$	12 \$ _____
13	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$ _____
14	Add lines 12 and 13. Enter the result here	14 \$ _____
15	Add lines 11 and 14. Enter the result here	15 \$ _____
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$ _____
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$ _____



Employees' and Elected Officials' Retirement Systems
7 East Redwood Street, 13th Floor
Baltimore, MD 21202-3470
Phone: (443) 984-3200 / Fax: (443) 853-3767
Member Self-Service Portal: bcers.org (Member Services)



MARYLAND STATE TAX WITHHOLDINGS CERTIFICATE (FOR RETIREES & BENEFICIARIES)

Please read the instructions and print legibly in black ink.

First Name:	MI:	Last Name:
Social Security Number:		Email Address:
Provide telephone numbers where you can be reached: Work: _____ Home: _____ Cell: _____		
Mailing Address: ☐ Check here if this is a change of address. _____ _____		
Effective Date of Action: _____ Submit form 30 days before effective date of action.		
Select Option:		
1. I elect not to have Maryland State taxes withheld from my monthly pension.		
2. a. I want Maryland State taxes calculated using the number of exemptions entered in the space provided and the marital status selected below: ☐ Single ☐ Married ☐ Married Filing At Single Rate		# Exemptions
b. I want an additional dollar amount withheld from my monthly pension along with the calculated exemption and marital status amount from line 2a.		\$
3. I only want the following flat dollar amount taken from my monthly pension.		\$
Copy of Photo Identification (Driver's License/State Issued ID/Passport)		
FOR ERS USE ONLY	Pension #:	Identification Attached:
Received:	Processed:	Verified:

Benefit Recipient Certification:

I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above and that I have read and understood the instructions in this form. By signing this form, I authorize Maryland State taxes to be withheld as indicated.

Signature: _____

Date: _____

Description of Instructions

1. Complete Benefit Recipient's Contact Information

Print first name, middle initial, last name, social security number, email address, phone numbers and mailing address. Check the box if the address is changing.

2. Select Effective Date of Action

Indicate the date you would like the action to occur. Changes take at least 30 days to process

3. If you Choose:

- Option 1, you elect not to have Maryland State taxes withheld from your monthly pension.
- Option 2a, enter the number of exemptions and indicate your marital status to calculate your Maryland State taxes.
- Option 2b, enter the additional dollar amount you would like to have deducted from your monthly pension. This amount will be added to the calculated amount from option 2a.
- Option 3, enter the fixed dollar amount of Maryland State taxes you want withheld from your monthly pension.

4. Attach Copy of Photo Identification: Check box and attach a copy of a valid Driver's License, State Issued Photo ID or Passport.

5. Benefit Recipient Certification: Read the benefit Recipient Certification statement, sign and date the form.

How to Submit: To submit your completed form and attachments, you can fax them to (443) 853-3767, upload them to the ERS MSS Portal at www.bcervs.org under the Member Services tab, or mail them to the Employees' and Elected Officials' Retirement Systems at 7 E. Redwood Street, 13th Floor, Baltimore, MD (21202).

Benefit Recipient Certification: To submit a Maryland State Tax Withholdings Certificate, you, or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child, must include photo identification and the Maryland State Tax Withholdings Certificate Request form with all sections completed.

Maryland Nonresident: For assistance with tax withholding for pension and annuity income for their state residence, benefit recipients residing outside of the State of Maryland must contact the local tax office in their State or the Internal Revenue Service at 1(800) 829-1040.

Minor Recipient: A minor child below age 18, for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

Power of Attorney: If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power of attorney on file to process the Maryland State Tax Withholdings Certificate.

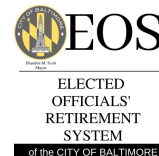
Guardian/Custodian: If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to submit the Maryland State Tax Withholdings Certificate.

Changing State of Maryland Tax Withholding: State of Maryland Tax withholding arrangements will continue until ERS is notified by you or by a person authorized by you (see above) of a change to the benefit recipient's Maryland State tax withholdings. To make a change, you, or an authorized person, must complete a new Maryland State Tax Withholdings Certificate Form.

If you need assistance, please contact ERS at 443-984-3200 or toll free 1 (877) 273-7136.



Employees' and Elected Officials' Retirement Systems
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Baltimore, MD 21202-3470
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Email: contacters@bcers.org



PAYROLL DIRECT DEPOSIT REQUEST FORM (FOR RETIREES & BENEFICIARIES)

Please read the instructions on the back and print legibly in black ink.

First Name:	MI:	Last Name:
Social Security Last 4 Digits:		Email Address:
Provide telephone numbers where you can be reached:		
Work:	Home:	Cell:
Mailing Address:		
Select Action: ☐ Begin Direct Deposit ☐ Change Direct Deposit		
Effective Date of Action:		
Select Account Type: ☐ Checking (Attach Voided Check or Banking Verification Document) ☐ Savings (Attach Banking Verification Document) ☐ Copy of Photo Identification (Driver's License / State Issued ID / Passport) Attached		
Name of Financial Institution:		
List name, address and social security number of other persons authorized to access or use the account:		
1. Name: _____ Social Security No.: _____ Address: _____		
2. Name: _____ Social Security No.: _____ Address: _____		
FOR ERS USE ONLY	Pension #:	Identification Attached: _____
Received: _____	Processed: _____	Verified: _____

Benefit Recipient Certification: I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above and that I have read and understand the instructions in this form. In signing this form, I authorize my benefit payment to be sent to the named financial institution to be deposited to the designated account. In the event that the Bank of New York Mellon notifies the financial institution of funds to which I am not entitled were deposited to my account in error; I hereby authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to reverse the transaction and return said funds to ERS immediately. I also authorize the release to ERS by the financial institution of my address and the names and addresses of all persons listed on the account.

If a copy of your identification, the blank voided check or institutional documentation is not attached, the direct deposit request will not be processed.

The account holder acknowledges responsibility for the return of any overpayment or error of funds.

Signature: _____ Date: _____

Description of Instructions

1. **Complete Benefit Recipient's Contact Information:** Print recipient's first name, middle initial, last name, social security number, email address, phone number, and mailing address.
2. **Select Requested Action**
Begin: if you are a new retiree or beneficiary or a current retiree or beneficiary who have been receiving your monthly benefit by check and you want to start direct deposit to your financial institution.
Change: if you are changing your direct deposit from one financial institution to another.
Effective Date of Action: Indicate the date you would like the action to occur. Changes take at least 30 days to process.
3. **Select Account Type**
Checking Account: Attach a copy of your driver's license, State issued identification card, or passport along with a blank voided check (starter checks are not acceptable) or a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationary or letterhead.

Savings Account: Attach a copy of your driver's license, State issued identification card, or passport along with a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationary or letterhead.
4. **Complete Authorized User Contact Information:** List the name, address and social security number of each person also authorized to access or use the account.

Benefit Recipient's Certification: To enroll for direct deposit, you (retiree or beneficiary) or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child must include a photo identification (see section 3) and sign & date the Payroll Direct Deposit Request Form with all sections completed.

How to Submit: This completed form along with a copy of the photo identification and financial banking document should be sent to ERS either by fax to (443) 853-3767, email to contacters@bcers.org or mail to Employees' and Elected Officials' Retirement System, 7 E. Redwood Street, 13th Floor, Baltimore, MD 21202.

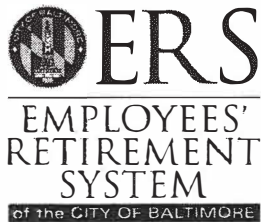
Minor child: A minor child below age 18 for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

Guardian/Custodian: If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to process the direct deposit request.

Power of Attorney: If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power-of-attorney on file to process the direct deposit request.

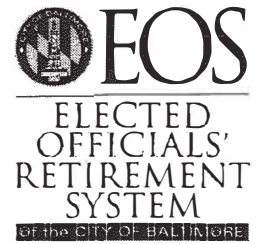
Changing Financial Institution for Direct Deposit: Your direct deposit arrangements will continue until ERS has been notified by you or by a person authorized by, you (see above) of a change to the financial institution receiving the direct deposit. To make a change, you or an authorized person, must complete a new Payroll Direct Deposit Request Form.

If you need assistance, please contact ERS at (443) 984-3200 or toll free at 1 (877) 273-7136.



THE CITY OF BALTIMORE
EMPLOYEES' AND ELECTED OFFICIALS'
RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor
Baltimore, Maryland 21202-3470
Phone 443-984-3200
Office Hours 8:30-4:30



**ACKNOWLEDGEMENT
REEMPLOYMENT AFTER RETIREMENT**

I understand that if I am reemployed by the City of Baltimore, my retirement benefits will be terminated. I will be required to repay any and all retirement benefits received while reemployed, in accordance with Baltimore City Code, Article 22, sections 9(n) and 9.2(l). If I return to work as a contractual employee, I understand that:

- I am subject to an earnings limitation in accordance with City policy.
- The term of my contract must not exceed 1 year and 1200 paid hours per year.
- There must be a minimum of 90 calendar days between my last day on City payroll and the start date of my contract.

See Administrative Manual 212-1. I agree to notify the Board of Trustees of the Employees' and Elected Officials' Retirement Systems if I return to City employment.

Signature of Applicant

Date

Name of Applicant

State of Maryland
City of Baltimore

On this _____ day of _____, _____, before me, the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

Signature

[Seal]

Date



Employees' and Elected Officials' Retirement Systems
7 East Redwood Street, 13th Floor
Baltimore, MD 21202-3470
Phone: (443) 984-3200 / Fax: (443) 853-3767
Email: contacters@bcers.org



CHANGE OF ADDRESS REQUEST FORM (FOR RETIREES & BENEFICIARIES)

Please read the instructions on the back and print legibly in black ink.

First Name:	MI:	Last Name:
Social Security Number:		Email Address:
Provide telephone numbers where you can be reached: Work: _____ Home: _____ Cell: _____		
Old Mailing Address: _____ _____ _____		
New Mailing Address: _____ _____ _____		
Effective Date of Action: _____ Changes take at least 30 days to process		
Copy of Photo Identification (Driver's License/State Issued ID/Passport) Attached:		
FOR ERS USE ONLY	Pension #:	Identification Attached:
Received:	Processed:	Verified:

Benefit Recipient Certification:

I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above by signing this form, I authorize my old mailing address to be changed to the new mailing address designated on this request form. I acknowledge responsibility for keeping the mailing address current with the Employees' Retirement Systems.

Signature: _____

Date: _____