PERS Oregon Public Employees Retirement System
11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Phone – 503-598-7377 toll free 888-320-7377
Fax - 503-598-0561 website – http://oregon.gov/pers

22315

Oregon Public Service Retirement Plan (OPSRP)
Lump-Sum Distribution Withholding Election

This form is strictly for the OPSRP Pension Plan. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City State Zip Country			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		E-mail (optional)

Section B: Federal tax withholding

Federal law requires PERS to withhold 20 percent from the taxable amount of your payment.

If you want to have **more than the 20 percent federal tax** withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

☐ Withhold $_____.00 more than the mandatory 20 percent federal tax withheld.

Section C: Oregon tax withholding

PERS will also withhold 8 percent for Oregon state tax unless you check the box in this section directing PERS not to withhold state tax.

☐ Do not withhold Oregon state income tax (8 percent will be withheld if box is not checked).

If you want to have **more than 8 percent Oregon state** tax withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

☐ Withhold $_____.00 more than the 8 percent for Oregon state income tax.

Section D: Applicant signature

_____ _____
Applicant signature (do not print) Date

_____
Applicant (print)

Office use only
☐ PERS ☒ OPSRP ☐ IAP
❑ Member ❑ Alternate payee
❑ Cross reference member SSN

***Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.**

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **503-598-7377, toll free 888-320-7377**, or **TTY 503-603-7766.**

Form #459-559 (4/22/2016) SL3 IIM Code: 22315

Print Form *Clear Fields*