THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

JUDICIAL RETIREMENT APPLICATION

APPLICATION PROCESS:

To be completed only if applying for retirement benefits based exclusively on judicial service. If you are actively employed or on a leave of absence you may file your application to retire within 120 days before the date you plan to retire. You may also file your application within 60 days after you separate from service and use your separation date as your retirement date. If we receive your application more than 60 days after your last day on the payroll, your effective retirement date will be 15 days from the date we receive your application.

Please note, as your eligibility to receive any actual retirement benefit and the amount of a benefit will be finally determined as your application is reviewed, we encourage you to contact our office several months before your retirement date to review your account, creditable service, and other information.

Also, any requests to withdraw your application, change your retirement date, or change your benefit option must be made in writing and received by the State Retirement Board prior to the effective date of retirement listed on your original application.

The State Retirement Board strongly recommends that you **file your retirement application at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you may not change your retirement option nor may you change your date of retirement.**

THE RETIREMENT DECISION IS FINAL:

You cannot make any changes to your retirement once your retirement date has passed. Choose your retirement option and date carefully. You can withdraw your application up to 5:00 p.m. on the date of your chosen retirement date (must be a business day, Monday - Friday).

YOUR FIRST PAYMENT:

Regular monthly benefit payments may only be issued on the last business day of each month. In many cases first payments are generally received approximately 120 days after your retirement date and are retroactive to your retirement date.

COUNSELING:

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

If you are interested in individual counseling, please contact one of our offices. Please indicate you are inquiring about judicial retirement benefits.

Boston
One Winter Street, 8th Floor, Boston, MA 02108
Phone: 617-367-7770 or
1-800-392-6014 (Mass only)

Springfield
436 Dwight Street, Room 109A,
Springfield, MA 01103
Phone: 413-730-6135

Please see page ii for further information and Application Process Checklist.

APPLICATION PROCESS CHECKLIST ☑

When filing to retire, please include the following documents:

- ☐ **Fully completed Judicial Retirement Application** (pages 1-2)
- ☐ **Completed Retirement Option Selection Form** (pages 3-4)
- ☐ **The IRS W-4P Form (Withholding Certificate for Periodic Pension or Annuity Payments)** (pages 5-7) indicating withholding amount for federal income purposes
- ☐ **Working in Retirement (§91) Acknowledgement** (page 8)
- ☐ **Authorization for Direct Deposit of Retirement Benefit** (pages 9-10)
  Direct Deposit is mandatory for all retirees.
- ☐ **Authorization for Filing Information Electronically** (page 11)
- ☐ **Proof of Birth Required** a copy of your birth certificate or currently valid passport is acceptable
- ☐ If you are selecting Option C, please include a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- ☐ **Signature is required on each of the following pages**: Page 1 (Retirement Application), Page 3 (Option Selection Form), Page 5 (W-4P Form), Page 8 (Working in Retirement (§91) Acknowledgement), Pages 9 and 10 (Authorization for Direct Deposit of Retirement Benefit), Page 11 (Authorization for Filing Information Electronically). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 3 (Option Selection Form) in addition to your signature. Look for the "**X**" throughout the application package.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

THE RETIREMENT APPLICATION, pages 1-2:

Make sure you complete all sections of the application. Signature is required at the bottom of page 1.

- **Section 1** - Don't forget to write down your requested retirement date!
- **Section 2** - Let us know how to contact you. Please provide an email address that you will have access to after your retirement.
- **Section 3** - Leave blank if you are not married.
- **Section 4** - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- **Section 5** - List all your judicial and non-judicial public service jobs you have had for a city, town, county, or state **in Massachusetts**.
- **Section 6** - Answer questions a-e by checking the appropriate boxes.

THE RETIREMENT OPTION SELECTION FORM, pages 3-4:

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Retirement Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 3. You may only choose one Option C beneficiary and that person can only be your spouse, if you are retiring under §65 A, B, or D (See below). Under §65 H, your spouse, an unmarried former spouse, a child, a sister or brother, or one of your parents may be chosen as an Option C beneficiary. You cannot change your Option C beneficiary after retirement.
- **Section 2 - Member Signature.** The Retirement Option Selection Form will not be processed without your signature. Enter your retirement option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Retirement Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option B Beneficiary Information.** This space on page 4 is provided for members who select Option B. *Skip this section if you have selected Option A or Option C.*

THE IRS W-4P FORM (WITHHOLDING CERTIFICATE FOR PERIODIC PENSION OR ANNUITY PAYMENTS), pages 5-7:
If this form is not completed and submitted, the federal income tax withholding will be calculated as if your filing status is single with no adjustments in steps 2 through 4 on page 7. **Your signature is required on the W-4P Tax Form.**

WORKING IN RETIREMENT (§91) ACKNOWLEDGEMENT, page 8:
This form acknowledges your understanding of the rules of working in retirement and the limits of §91. **Your signature is required on the Working in Retirement (§91) Acknowledgement.**

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT, pages 9-10:
Direct deposit for your benefit payments is mandatory. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Authorization for Direct Deposit form.**

AUTHORIZATION FOR FILING INFORMATION ELECTRONICALLY, page 11:
This form is used to authorize retirees of the Massachusetts State Employees' Retirement System (MSERS) to submit or change account information electronically (by email; facsimile). **Make sure you sign the Authorization for Filing Information Electronically form.**

JUDICIAL RETIREMENT BENEFITS:
Retirement benefits for Commonwealth judges are administered by the Massachusetts State Retirement Board ("MSRB") as part of the Massachusetts State Employees' Retirement System ("MSERS"). Judicial retirement benefits are set forth specifically under G.L. c.32, §§65A-65J and are separate from the general retirement provisions of G.L. c.32 that apply to members of a contributory retirement system.

Currently, all judges are required to retire at age 70. Massachusetts Constitution, Part II, c. 3, art. 1, as amended by art. 98 of the Amendments. A judge appointed on or after January 2, 1975, must meet one of the following age and service requirements to receive a retirement benefit:

1. At age 70, a judge with ten or more years of continuous judicial service can retire with the maximum benefit allowable based on the salary in effect at the date of retirement. As is discussed further below a reduced survivor benefit is also available as an alternative. G.L. c. 32, §65D(d). Under the maximum benefit a judge receives 75 percent of the salary in effect at date of retirement. G.L. c. 32, §65D(c).

2. At age 70, a judge retiring with less than ten years of continuous judicial service will receive the maximum pension based on the salary in effect at the date of retirement less 10 percent for each year

short of ten years of service. For example, if a judge has eight years of service upon retirement at age 70, the judge will receive a pension equal to 60 percent of salary at time of retirement (80 percent of the 75 percent) under Option A. G.L. c. 32, § 65D(d).

3. At age 65, a judge with fifteen or more years of continuous judicial service can retire with the maximum retirement benefit available.

EARLY RETIREMENT:

Under the so-called early retirement statute, a judge with at least ten years of continuous judicial service and who is at least 55 years of age may receive a retirement benefit. G.L. c.32, §65H. The benefit the judge receives is calculated using the following formula: (1) the salary of the judge at the time of retirement; (2) multiplied by the number of years and months in continuous service as a judge; and (3) further multiplied by the percent allowable based on age at the date of retirement as shown on the following statutory table:

PERCENT	AGE AT RETIREMENT
5.0	65 OR OLDER
4.5	64
4.0	63
3.5	62
3.0	61
2.5	60
2.3	59
2.1	58
1.9	57
1.7	56
1.5	55

A judge having the necessary age and continuous years of judicial service is entitled to a maximum benefit ranging from a high of 75 percent of salary to a low of 15 percent of salary. G.L. c.32, §65H.

RELATED PROVISIONS:

If a judge under the age of seventy without ten continuous years of judicial service resigns from the bench, the judge will only be entitled to a refund of his or her pension contributions plus interest and payment for any unused vacation days. However, if the judge at the time of resignation has non-judicial Massachusetts creditable service on account with a retirement system, the judge may add the years of judicial service to the years of non-judicial service and, if other requirements are met, may qualify for a non-judicial retirement benefit, calculated under the provisions of c.32, §§1-28. G.L. c. 32, §65D(f).

DEFERRED RETIREMENT:

A judge who chooses to step down before the mandatory age with at least ten years of judicial service, or who is eligible to retire but for less than the maximum pension due to age and/or continuous years of judicial service and who resigns may defer the start of the judge's retirement benefit until the judge reaches the age of his / her choosing.

RETIREMENT BENEFITS BASED ON NON-JUDICIAL SERVICE:

A judge who worked for the Commonwealth of Massachusetts, a county, municipal or quasi-governmental agency and was vested for a non-judicial retirement benefit prior to becoming a judge or, becomes vested in a non-judicial retirement benefit after stepping down as a judge, may be eligible for the receipt of a separate retirement benefit from the applicable retirement system.

THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

JUDICIAL RETIREMENT APPLICATION

Please complete all required sections.
Incomplete applications will delay processing.

1. MEMBER INFORMATION (required)

I respectfully request retirement under the provisions of Section 65A, B, D, or H of Massachusetts General Laws Chapter 32.

Name: **SS#:**

I wish to retire on: (MM/DD/YYYY) **with** **years and** **months of service**

All Former Names:

Date of Birth: (Proof of Birth Required)

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed** **Gender:** ☐ **M** ☐ **F**

Current or Last Place of State Employment:

Position/Title:

2. CONTACT INFORMATION (required)

Personal Email Address:

Present Street Address:

City: **State:** **Zip:**

Home Telephone: **Work Telephone:**

Street Address after Retirement (If Different):

City: **State:** **Zip:** **Effective Date:**

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name:

Spouse's Street Address (If Different):

City: **State:** **Zip:**

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Retirement Option Selection Form on page 3, and if eligible, I will be automatically retired under OPTION B.
- I understand that any benefit payments issued covering periods after my date of death must be re-paid to the State Retirement Board by the appropriate party or by my estate as applicable, and may be recouped from the account I designate for direct deposit.

Sign Here: X *Original Signature Required*

Member Signature

Date

THIS SECTION BOARD USE ONLY

Member Name: **SS#:**

5-a. LIST ALL JUDICIAL SERVICE (required*)

Court:	Start Date:	Date Service Ended:

*use additional sheet if necessary

5-b. LIST ALL NON-JUDICIAL PUBLIC SERVICE (if applicable*)

Department or Subdivision:	Start Date:	Date Service Ended:

*use additional sheet if necessary

6. MEMBER QUESTIONNAIRE (required)

a. Have you ever been convicted of an offense involving the funds or property of your place of employment? ☐ No ☐ Yes

b. Have you ever been convicted of an offense involving your position while in state service? ☐ No ☐ Yes

If yes to either of the above, please describe the offense(s): _____

_____

c. Have you ever taken a refund of retirement contibutions? ☐ No ☐ Yes

d. Have you ever been on industrial accident leave? ☐ No ☐ Yes If yes, what years? _____

e. If divorced, are you a party to a Domestic Relations Order? ☐ No ☐ Yes ☐ Don't Know

(If Yes, please include a copy of your Domestic Relations Order)

THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

RETIREMENT OPTION SELECTION FORM

MEMBER NAME: _____ **SS#:** _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and check box A, B, or C.

☐ A

Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in §65 A, B, or D or §12, subsection 2 of Chapter 32. If choosing A, **please complete sections 2 and 3 on this page. Do not complete section 4.**

☐ B

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH (Retirements under §65 H)

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

☐ C

Option C - JOINT SURVIVOR ALLOWANCE

If retiring under §65 H, I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If retiring under §65 A, B, or D of Chapter 32, I understand my beneficiary must be my spouse. If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selecting Option B. **A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license** is required if Option C is selected and must be included with this application.

Option C Beneficiary: _____ SS#: _____
(Please print)

Gender: ☐ M ☐ F Date of Birth: _____ Relationship to Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
(enter option selection: A, B, or C)

Member Signature: X Original Signature Required Date: _____

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: X Original Signature Required Date: _____

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Email Address: _____ Telephone: _____

THIS SECTION BOARD USE ONLY

Please complete section 4 on following page only if selecting Option B.

Complete this section if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name: Street: City, State, ZIP: Email: Telephone:	**Designation:** (Must check 1 box) ☐ Primary, OR ☐ Contingent	**Proportion:*** (Must check 1 box) ☐ All, OR ☐ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
ii.	Name: Street: City, State, ZIP: Email: Telephone:	**Designation:** (Must check 1 box) ☐ Primary, OR ☐ Contingent	**Proportion:*** (Must check 1 box) ☐ All, OR ☐ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iii.	Name: Street: City, State, ZIP: Email: Telephone:	**Designation:** (Must check 1 box) ☐ Primary, OR ☐ Contingent	**Proportion:*** (Must check 1 box) ☐ All, OR ☐ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iv.	Name: Street: City, State, ZIP: Email: Telephone:	**Designation:** (Must check 1 box) ☐ Primary, OR ☐ Contingent	**Proportion:*** (Must check 1 box) ☐ All, OR ☐ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:

***The total of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.**

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

By selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death.
There are no survivor benefits.

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH (RETIREMENTS UNDER §65H)

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. Under §65 A, B, or D, an eligible beneficiary may only be my spouse, and must be married to me at the time of my retirement. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate.

Form **W-4P**

Department of the Treasury
Internal Revenue Service

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

2024

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.)

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 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 less 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 one, 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):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add other credits, such as foreign tax credit and education tax credits $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . **3** $

Step 4 (optional): 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. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

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.

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 writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, 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. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

2. Receive these payments or pension and annuity payments for only part of the year.

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, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

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

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

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

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

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

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

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

CAUTION ***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.*

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 (optional).

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

Specific Instructions *(continued)*

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 6, if you expect to claim deductions other than the basic standard deduction on your 2024 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 student loan interest and IRAs.

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.

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 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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

1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income	**1**	$
2	Enter: • $29,200 if you're married filing jointly or a qualifying surviving spouse • $21,900 if you're head of household • $14,600 if you're single or married filing separately	**2**	$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	**3**	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $1,950 if you're single or head of household. • $1,550 if you're married filing separately. • $1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	**5**	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	**6**	$

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.

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

WORKING IN RETIREMENT (§91) ACKNOWLEDGEMENT

MEMBER NAME: _____ **SS#:** _____

As you transition into retirement, the State Retirement Board wants to be sure you are aware of the various annual earnings limitations if you choose to work in the Massachusetts public sector while receiving your monthly retirement payment. These limitations apply to any public employment, except for employment in a judicial recall capacity (see below), regardless of whether or not it occurs in the same governmental unit or employer from which you retired.

MSERS members who are retired under the various types of superannuation retirement may not earn in a calendar year any amount greater than the difference between the salary currently being paid for the position from which they retired and their pension. Then, after you are retired for one full calendar year (January-December), that dollar amount limit may be increased by an additional $15,000. Additionally, you also have an annual hourly limit and may not work beyond 1,200 hours in a calendar year.

For example, if the salary for your former position is $40,000 annually, and your pension is $20,000 per year, and you have been retired for more than one full calendar year, you may earn up to $35,000 per calendar year or work up to 1,200 hours, whichever comes first. ($40,000 - $20,000 = $20,000 + $15,000 = $35,000). Any excess earnings received must be returned.

> **IMPORTANT NOTE: Your employment must cease when either limitation is reached, or you may waive the receipt of your retirement allowance. A retiree may not waive the receipt of a retirement allowance to avoid the application of the annual earnings limits. For more information related to the waiver of retirement benefits please contact the State Retirement Board.**

In addition to complying with the above limitations, all disability retirees, including those receiving either an accidental or ordinary disability benefit, are required by law (M.G.L. c. 32, §91A) to submit an annual statement of any earnings to the Public Employee Retirement Administration Commission ("PERAC").

For more information related to earnings limits for public retirees working in retirement, please visit PERAC's website: https://www.mass.gov/guides/working-receiving-a-public-retirement-benefit.

Retired judges who return to service in a recall capacity should contact their respective court administration offices for the terms of their employment and the determination of per diem compensation.

I (print name),_____ have read the above ***Working in Retirement (§91) Acknowledgement*** and understand the earnings limitations which would apply if I choose to work in a Massachusetts public sector position while receiving my monthly retirement payment.

X_____ _____

MSERS Member Signature* Date

A computer generated or other non-original signature is not acceptable.

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

1. BENEFIT RECIPIENT (required)

Name:		
Street Address:		
City:	State:	Zip:
Telephone:	Email Address:	
(Last four digits of Social Security number ONLY) XXX-XX-	MSRB ID # (if known):	

2. ACCOUNT INFORMATION (required)

Name of Financial Institution:

All Names on Account:

Routing #: | | | | | | | | | |

Depositor Account #:

Indicate account type *(check one)*	**ATTACH this required documentation**
☐ Checking	An original VOIDED check that is imprinted with your name, address, bank name and routing number, and account number. Temporary or starter checks will not be accepted. If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document. 
☐ Savings	Your bank's signed, official account verification document indicating your name, address, bank name and routing number, and account number. A deposit slip will not be accepted.

Indicate account ownership *(check one)*

☐ **Individual:**

☐ **Joint:** ***(ALL additional joint account holders (other than the Benefit Recipient) MUST complete and sign Part 4 on Page 10.)***

☐ **I am the benefit recipient's Power of Attorney (POA), Guardian, or Conservator.** ***(You MUST also complete Parts 3 and 5.)***

☐ **Trust:** *ATTACH a Certification of Trust that names the benefit recipient as a trustee or a beneficiary of the trust, and check this box.*

3. PLEASE SIGN BELOW (required)

"I, _____hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account, and to obtain any nonpublic personal information related to me on record with above financial institution. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

X _____ _____

*Original Signature Required**

Signature - DO NOT PRINT YOUR NAME | Date

A computer generated or other non-original signature is NOT acceptable.

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

PLEASE COMPLETE PART 4 AND 5 BELOW (if applicable)

4. JOINT ACCOUNT HOLDERS' INFORMATION AND CERTIFICATION (if applicable)

If your payment is being deposited to a JOINT account, Part 4 must be completed and signed by ALL other account holders.
If there are more than two other account holders, attach additional copies of Part 4.

By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts State Employees' Retirement System (MSERS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named on page 9 is not legally entitled. If I am entitled to any benefit from the MSERS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MSERS with my home address. I release the MSERS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder

Your signature: *Original Signature Required**	Date:
Name:	*(Last four digits of Social Security number ONLY)* XXX-XX-
Street Address:	Telephone:
City/State/Zip:	Email Address:

Joint account holder

Your signature: *Original Signature Required**	Date:
Name:	*(Last four digits of Social Security number ONLY)* XXX-XX-
Street Address:	Telephone:
City/State/Zip:	Email Address:

5. POWER OF ATTORNEY (POA), GUARDIAN OR CONSERVATOR INFORMATION (if applicable)

If you have Power of Attorney, or are Guardian or Conservator of the benefit recipient named in Part 1 on page 9 of this form, and have completed this form on his or her behalf, please complete Part 3 and this section.

My current Power of Attorney, Guardianship or Conservator documentation is *(check one)*:
☐ On file with the MSERS ☐ Attached to this form

Name:	*(Last four digits of Social Security number ONLY)* XXX-XX-
Street Address:	Telephone:
City/State/Zip:	Email Address:

***If including a voided check, please attach. Do not staple.**

THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

AUTHORIZATION FOR FILING INFORMATION ELECTRONICALLY

The MSRB requires this authorization for retirees of the Massachusetts State Employees' Retirement System (MSERS) who wish to submit or change account information electronically (by email; facsimile).

MEMBER INFORMATION (required)

Legal Name:		
Street Address:		
City:	State:	Zip:
Personal Email:	Telephone:	
SS# or MSRB ID#:		

PLEASE CHECK THE BOX NEXT TO THE INFORMATION YOU WILL FILE ELECTRONICALLY (required)

☐ Change of Address

PLEASE SIGN BELOW (required)

I am authorized to sign the document as a member of the MSERS or on behalf of the member. Under penalties of perjury, I declare that I have examined this document including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ _____
Name Date

X _____
Original Signature Required
Signature*

A computer generated or other non-original signature is not acceptable.

THIS SECTION BOARD USE ONLY