

State of Delaware
Pensioner's Direct Deposit Authorization Form

New Address

Name _____ Social Security # _____ Employee ID _____

Address _____ City, State, ZIP+4 _____

This form will override all previous forms. Please list **ALL** accounts where you wish to have monies deposited.

We no longer require verification in the form of a voided check or bank statement. However, please be aware that YOU ARE RESPONSIBLE for ensuring that the routing and account numbers on this form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. INCORRECT ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR DIRECT DEPOSIT BEING DELAYED UNTIL THE NEXT SCHEDULED PENSION PAYMENT.

To have your net Pension amount go to **ONE** account or to have the majority of your monthly Pension amount go to a primary account (with specific dollar amounts going to additional accounts listed below), complete the following:

Deposit Net Monthly Pension Amount into this account. Routing # _____ Account # _____ **CHECK ACCOUNT TYPE:**
 Checking Savings

OR Bank Name _____

Use this account as primary with additional monies going to accounts listed below. Bank Address _____

If you are using this form to change an existing direct deposit to a primary account and wish to have ALL other additional deposits (i.e. savings account deposits and/or credit union deposits) remain the same,

Please check one

Continue additional deposits OR Stop additional deposits and deposit all monies into the above account

To have a specific dollar amount go to **additional** banks or credit unions, complete as many of the following as necessary:

Deposit the Following \$ Amount Routing # Account # **CHECK ACCOUNT TYPE:**
 _____ _____ _____ Checking Savings

Bank Name _____

Bank Address _____

Deposit the Following \$ Amount Routing # Account # **CHECK ACCOUNT TYPE:**
 _____ _____ _____ Checking Savings

Bank Name _____

Bank Address _____

I understand that my monthly benefit amount will be direct deposited to the account(s) designated above so that the funds are available to me on the last working day of each month.

Signature of Pensioner or Power of Attorney _____ Telephone Number _____ Date _____

Return form to the Office of Pensions, McArde Building, 860 Silver Lake Blvd., Suite 1, Dover, DE 19904-2402 or fax completed form to (302) 739-6129. If you have any questions, call the Pension Office at (302) 739-4208 or (800) 722-7300.

NOTE: If you move and the "Direct Deposit Advisory Notice" or other mailings are returned undeliverable by the Post Office, your electronic funds transfer authorization will be terminated and the funds held until a signed change of address has been received by the Pension Office.

Check Here for Change of Address

**State of Delaware
Office of Pensions**

Federal and Delaware State Tax Withholding Form In Lieu of Form W4P

Member Information <i>(please print clearly)</i>			
Name – First, Middle, Last			Social Security Number or Employee ID
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Email Address			Daytime Phone Number (include area code)

Federal Tax Withholding Options (Choose one)
<input type="checkbox"/> Do not withhold Federal tax.
<input type="checkbox"/> Withhold a flat amount each month for Federal tax. Flat amount: _____
<input type="checkbox"/> Calculate my monthly Federal tax withholding using IRS tax tables and withhold that amount each month for Federal tax.
<input type="checkbox"/> Married # of exemptions: _____
<input type="checkbox"/> Single # of exemptions: _____
Optional: Withhold the calculated amount plus an additional \$ _____ per month for Federal tax.

State of Delaware Tax Withholding Options (Choose one)
<input type="checkbox"/> Do not withhold Delaware State tax. Taxes for any other state cannot be withheld by the Office of Pensions.
<input type="checkbox"/> Withhold a flat amount each month for Delaware State tax. Flat amount: \$ _____
<input type="checkbox"/> Calculate my monthly Delaware State tax withholding using Delaware tax tables and withhold that amount each month for Delaware State tax.
<input type="checkbox"/> Married # of exemptions: _____
<input type="checkbox"/> Single # of exemptions: _____
Optional: Withhold the calculated amount plus an additional \$ _____ per month for Delaware State tax.

I hereby revoke any prior tax withholding elections. I understand that the withholding elections requested above will remain in effect until I change them. I understand that I may revoke or change my tax withholding election at any time by submitting a new Federal and Delaware State Tax Withholding form. Your request will not be processed if this form does not have a valid signature.

Signature	Date
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Office of Pensions • McArdle Building
860 Silver Lake Blvd, Suite 1 • Dover, DE 19904-2402
1-800-722-7300 • 302-739-4208 • Fax 302-739-6129
www.delawarepensions.com

About Tax Withholding Election Form

Form Information

- Complete the form in its entirety and return to the State of Delaware Office of Pensions by mail or fax.
- Generally your benefit is taxable income. You can have Federal and/or Delaware State taxes withheld from your monthly benefit.
- You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.
- Delaware State tax withholding from your benefit is optional. **Taxes for any other state cannot be withheld by the Office of Pensions.** If you have any questions please contact the Office of Pensions.
- **The withholdings you indicate on this form replace your current withholdings.**
- If you are a dual pensioner (receiving both a service and survivor pension), you **MUST** fill out a separate TWE-1 form for each benefit that you receive. Please be sure to indicate your Employee ID Number (found on your Monthly Notification of Deposit) on each form to ensure changes are applied to the proper account(s).