



STATE OF DELAWARE
OFFICE OF PENSIONS

DIRECT DEPOSIT
FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Pensioner Information (please print clearly)

Name – First, M.I., Last:		Pension ID or SSN:	
<input type="checkbox"/> Check Here for Change of Address	Street or P.O. Box:		
	City:	State:	Zip Code:
Email Address:		Phone Number:	

INCORRECT ROUTING AND/OR ACCOUNT NUMBERS WILL RESULT IN YOUR DIRECT DEPOSIT BEING DELAYED UNTIL THE NEXT SCHEDULED PENSION PAYMENT.

Primary Account Information

Deposit Net Monthly Pension Amount into this account.	Account Type: Checking Savings
-or-	Name of Financial Institution:
Use this account as primary with additional monies going to accounts listed.	_____
Routing Number (9 Digits):	Account Number:
_____	_____

*** **STOP and SIGN the bottom of this form if the above account is the ONLY deposit account.** ***
If you wish to have specific dollar amounts deposited into additional account(s), please continue.
Continue additional deposits -or- Stop additional deposits and deposit all monies into the above account

Additional Account(s) Information (Please List ALL Accounts)

Account Type: Checking Savings	Name of Financial Institution:
Deposit Amount: \$ _____	_____
Routing Number (9 Digits):	Account Number:
_____	_____

Account Type: Checking Savings	Name of Financial Institution:
Deposit Amount: \$ _____	_____
Routing Number (9 Digits):	Account Number:
_____	_____

I hereby revoke any prior deposit elections. I understand that my monthly benefit amount will be direct deposited to the account(s) designated above so that funds are available to me on the last working day of each month. I understand that I may revoke or change my deposit at any time by notifying the Office of Pensions in writing.

X _____
SIGNATURE

DATE

Form Information

- Complete the form and return to the State of Delaware Office of Pensions by mail, fax, or Email.
- Consider maintaining accounts at both your old and new financial institution until the transaction is complete (that is, until the new financial institution receives its first benefit payment). **The change you are requesting could take up to 30 days to become effective.**
- **NOTE:** If you move and the “Pension Direct Deposit Advisory Notice” or other mailings are returned undeliverable by the Post Office, **your electronic funds transfer authorization will be suspended and the funds held** until a signed change of address has been received by the Pension Office.
- See the blank check guide below for information on where the routing and account numbers are located on your checks for assistance in completing the form. You may attach a voided check to this form as verification. **DO NOT ATTACH A DEPOSIT SLIP.**

NAME
ADDRESS
CITY, STATE ZIP

DATE

RAY TO THE ORDER OF

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

0123456789012

Bank Routing Number Bank Account Number Check Number

0123
01-23456789

- **THE DEPOSIT INFORMATION YOU INDICATE ON THIS FORM WILL REPLACE YOUR CURRENT DEPOSIT INFORMATION.**



STATE OF DELAWARE
OFFICE OF PENSIONS

FEDERAL AND DELAWARE STATE TAX
WITHHOLDING FORM
(IN LIEU OF W-4P)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Pensioner Information (please print clearly)

Name - First, M.I., Last: Pension ID or SSN:
Street or P.O. Box:
City: State: Zip Code:
Email Address: Phone Number:

Choose One FEDERAL Tax Withholding Option

Do not withhold Federal tax.
-or-
I elect to have only the following amount or percent withheld each month for Federal tax.
Flat amount: \$ OR %
-or-
Calculate my monthly Federal tax withholding using IRS tax tables and withhold that amount each month for Federal tax.
Married # of exemptions:
Single # of exemptions:
Optional: withhold the calculated amount plus an additional \$ per month for Federal tax.
-or-
Do not change my current Federal tax election. (Only for existing Pensioners)

Choose One DELAWARE Tax Withholding Option

Do not withhold Delaware tax.
-or-
I elect to have only the following amount or percent withheld each month for Delaware tax.
Flat amount \$ OR %
-or-
Calculate my monthly Delaware tax withholding using IRS tax tables and withhold that amount each month for Delaware tax.
Married # of exemptions:
Single # of exemptions:
Optional: withhold the calculated amount plus an additional \$ per month for Delaware tax.
Do not change my current Delaware tax election. (Only for existing Pensioners)

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.

X SIGNATURE DATE

Form Information

- Complete the form and return to the State of Delaware Office of Pensions by mail, fax, or Email.
- Generally, your benefit is taxable income. You can have Federal and/or Delaware 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 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** complete a separate TWE-1 form for each benefit that you receive. Please be sure to indicate your Pension ID Number (found on your Monthly Notification of Deposit) on each form to ensure changes are applied to the proper account(s).