

STATE OF NEW JERSEY • DEPARTMENT OF THE TREASURY  
**DIVISION OF PENSIONS AND BENEFITS**  
 PO BOX 295 • TRENTON, NJ 08625-0295

**BENEFICIARY SERVICES**  
**ESTATE FEDERAL TAX WITHHOLDING CERTIFICATE**

- Teachers' Pension and Annuity Fund       Public Employees' Retirement System
- Police and Firemen's Retirement System       State Police Retirement System

Full Name of Deceased \_\_\_\_\_ Membership # \_\_\_\_\_

**IMPORTANT: YOUR SELECTION IS IRREVOCABLE**

For further information regarding your tax liability please see Fact Sheet #27, *The Taxability and Mandatory Withholding of Income Tax from your Pension Distribution*. To obtain this publication visit our Web site: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) or contact the Division's Office of Client Services at (609) 292-7524.

**Rollover is only available if the taxable portion of your payment is \$200 or more.**

**INSTRUCTIONS:** Federal Income Tax Regulations require that there be tax withheld from all lump-sum distributions in a retirement program. This is based on our understanding of the current regulations. Under no condition should it be considered a substitute for advise from the IRS or a tax advisor. This certificate must be completed and submitted to the Division of Pensions and Benefits before the payment can be processed.

1. Check Box A if you do **NOT WANT** any federal income tax withheld from the settlement.
2. Check Box B if you **WANT** to have withholding apply. If you check B, you must also indicate the amount.
3. Even if you elect to have federal income tax withheld, you may be liable for payment of federal income tax on the taxable portion of the settlement. You also may be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

**PLEASE CHECK A OR B:**

- A.  I do **NOT WANT** to have federal income tax withheld from the taxable portion of the settlement.
- B.  I **WANT** to have federal income tax withheld from the taxable portion of the settlement.

The amount to be withheld is \$ \_\_\_\_\_.

\_\_\_\_\_  
*Name of Executor or Administrator (Please Print)*

\_\_\_\_\_  
*Executor's / Administrator's Home Address (Number and Street or Rural Route)*

\_\_\_\_\_  
*Executor's / Administrator's City or Town, State, and Zip Code*

EIN or Deceased's SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_  
*Area Code*

**By signing this Estate Federal Tax Withholding Certificate I certify that I have read Fact Sheet #27, *The Taxability and Mandatory Withholding of Income Tax from your Pension Distribution*, and fully understand the tax options available to the estate.**

\_\_\_\_\_  
*Executor's / Administrator's Signature*

\_\_\_\_\_  
*Date*