

WITHHOLDING CERTIFICATE FOR OHIO STATE INCOME TAX

Complete this form if you wish the Ohio Police & Fire Pension Fund (OP&F) to withhold an amount you specify from each of your monthly benefit payments or monthly Deferred Retirement Option Plan (DROP) distributions, or both, for Ohio state income tax purposes. You must complete and file this form with OP&F by the 15th of the month in order for your new withholding amount to be reflected on your next monthly benefit payment or monthly DROP distribution.

If you select a percentage of your gross monthly benefit to be withheld and your benefit amount changes in the future, this same percentage will be withheld from your new gross monthly amount. If you select a fixed amount to be withheld, this amount is not automatically changed when your gross monthly benefit changes.

The withholding you specify on this form will remain in effect until you complete a new *Withholding for Ohio State Income Tax* form and file it with OP&F, subject to certain limitations.

You may specify different withholding amounts for your monthly benefit payments, and your monthly DROP distributions.

- Please check this box if you are updating your withholding information for your **monthly benefit payment only**.
- Please check this box if you are updating your withholding information for your **monthly DROP distributions only**.
- Please check this box if you are updating your withholding information for **both your monthly benefit payment and your monthly DROP distributions**. If you choose this option, your withholding amounts will be the same for both your monthly payments and your monthly DROP distributions. If you wish to have different withholding amounts for your monthly benefit payments and your monthly DROP distributions, you need to complete two separate *Withholding for Ohio State Income Tax* forms.

Section A — Member information

Name: First, middle initial, last, suffix (Jr., III, etc.)

Street / Post office box

City, state, ZIP code

Home telephone

Social Security number

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Date of birth

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Section B — Withholding amount

You have the option to either withhold a percentage or a fixed amount of your monthly benefit payment or monthly DROP distribution for Ohio state income tax purposes. Please choose how much you wish to have withheld each month by making a selection below.

- Please **withhold a percentage** of my gross monthly benefit: _____ %
- Please **withhold a fixed amount** from my gross monthly benefit: \$_____.00

Section C — Signature and acknowledgement

As the person identified in the foregoing Section A of this *Withholding for Ohio State Income Tax* form, I request the amount indicated in Section B be withheld from each OP&F monthly benefit payments or monthly DROP distributions for Ohio state income tax purposes. I understand that OP&F may not be able to process this request if a court ordered withholding exists since this type of mandatory withholding from your benefit payment takes priority and must be processed before any other withholding request. If I selected a percentage of my gross monthly benefit to be withheld, I understand that if my benefit amount changes in the future, this same percentage will be withheld from the new gross monthly amount. If I selected a fixed amount to be withheld, this amount is not automatically changed when the gross monthly benefit changes.

Member's signature

Date of signature

