



Municipal Employees' Retirement System of Michigan
 1134 Municipal Way • Lansing, MI 48917
 800.767.MERS (6377) • Fax: 517.703.9706
 www.mersofmich.com

Alternate Payee (Former Spouse) Benefit Application

The MERS Plan Document provides that the right of an individual to a retirement allowance is subject to a Domestic Relations Order entered pursuant to the Eligible Domestic Relations Order (EDRO) Act, 1991 PA 46.

Please mail completed form to: **MERS of Michigan**
 1134 Municipal Way
 Lansing, MI 48917
 Fax: 517.703.9706

Please print • Retain a copy for your records

1. Information about you (alternate payee/former spouse)

Last name*	First name*	MI	Social Security Number*
Mailing address*			Date of birth (mm/dd/yyyy)*
City*	State*	Zip code*	Daytime contact phone (area code and number)
Email address			

2. Information about participant (MERS member)

Participant last name*	Participant first name*	Participant MI
Date of birth (mm/dd/yyyy)*	Last 4 digits of participant SSN*	

3. Banking information

Primary account

Amount of deposit*	Type of account*
<input type="checkbox"/> All <input type="checkbox"/> Partial \$ _____	<input type="checkbox"/> Savings account <input type="checkbox"/> Checking account
Financial Institution name*	Phone number (with area code)*
ABA routing number (9 digit)*	Account number* (do not include check number)

Secondary account: If you chose a partial payment above, the remainder of your pension payment will be directly deposited into a secondary account. Please provide that account information below.

Type of account	
<input type="checkbox"/> Savings account <input type="checkbox"/> Checking account	
Financial Institution name	Phone number (with area code)
ABA routing number (9 digit)	Account number (do not include check number)

MERS will deposit your monthly pension by direct deposit into the designated financial institution(s) as specified above. MERS reserves the right to recover money electronically deposited in your account in error, either by adjusting the account or withholding from future payments. We will notify you in writing if adjustments are being made. Please notify any joint account holder(s) of the obligations to repay any overpayment to this account if the overpayment is not repaid by the financial institution.

* Required field

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Participant's last name* (please print clearly)

Participant's last four digits of SSN*

4. Federal income tax withholding

Marital tax status* Single Married Married, but withhold at higher "Single" rate

Note: If no election is made, MERS will default to a standard withholding rate of Married with 3 exemptions.

I do NOT want any federal income tax withheld from my pension. (Proceed to Section 5.)

I do want federal income tax withheld from my pension. (Complete lines below.)

The total number of exemptions I am claiming to be withheld from each pension payment is listed below.

Total number of exemptions: _____ (If blank, zero will be used)

Optional additional amount, if any, I want withheld from each pension payment

(If requesting an additional amount, you must enter a number of exemptions above – even if it is zero.): \$ _____

Withholding will begin with your first payment following receipt and processing of this form.

If you wish to specify a different month, indicate month: _____

For additional instructions, see IRS Form *W-4P, Withholding Certificate for Pension or Annuity Payments*.

5. Michigan income tax withholding

Marital tax status* Single Married Married, but withhold at higher "Single" rate

Select ONE option below that applies to you (or your spouse)		Tax withholding will occur on:
1. <input type="checkbox"/>	Your pension payments are not taxable and/or you wish to opt out of Michigan state tax withholding <i>(Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.)</i>	None of your pension benefits
2. <input type="checkbox"/>	You (or spouse) were born before 1946	None of your pension benefits
3. <input type="checkbox"/>	You (or spouse) were born during the period 1946–1952	Benefits over \$20,000 if single; over \$40,000 if filing jointly
4. <input type="checkbox"/>	You were born 1946–1952 and your retirement benefits were from employment with a governmental agency not covered by Social Security - OR - You were born after 1952, your benefits were from employment not covered by Social Security and you were retired as of January 1, 2013.	Benefits over \$35,000 if single; over \$55,000 if filing jointly
5. <input type="checkbox"/>	You (and spouse) were born after 1952, either of you are now age 62, and your retirement benefits were from a governmental agency not covered by Social Security	Benefits over \$15,000
6. <input type="checkbox"/>	You (and spouse) were born after 1952	All pension benefits
7. <input type="checkbox"/>	You want taxes withheld at the current tax rate	All pension benefits

If you reside in Michigan and you do not complete this section, MERS will withhold based on Michigan tax regulations.

For additional information, visit www.michigan.gov/taxes.

Optional – Select exemptions and additional withholding

If you checked 3, 4, 5, 6 or 7 above, enter number of exemptions, if desired (this will reduce the amount withheld for taxes): _____

If you checked 3, 4, 5, 6 or 7 above, enter *additional* percentage, if any, you want withheld from your pension payment. This amount will be in addition to the withholding calculated by your selections above: _____%

6. Certification

I certify I am the Alternate Payee, pursuant to the EDRO filed with MERS, of: _____, a Participant or former Participant in MERS at the time of our divorce. Participant's name

I hereby request to commence receiving the benefit assigned to me by the EDRO. I understand that benefit payments will begin the first day of the month following the month in which MERS received this Application and all required documentation or, if later, the first day of the month following the month in which Participant first becomes eligible for benefits. I understand that once my first payment has been issued by MERS, my decision to begin receiving benefits is irrevocable.

I understand that if I am electing to receive benefits before Participant does, my benefit can be paid only in the Single Life Annuity form, actuarially reduced based on my life expectancy, which will be payable for the remainder of my life and end upon my death. I understand that my benefit may be actuarially reduced due to early payment or for other reasons, and that I fully understand and agree to my benefit calculation.

Note: This application is not valid if it is submitted to MERS more than two months prior to the Participant's earliest retirement date.

Signature of alternate payee (former spouse)*

Date (mm/dd/yyyy)*