



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: [retirement@gfpf.org](mailto:retirement@gfpf.org)

Web Site: <http://www.gfpf.org>

## Tax Withholding Request

### THIS FORM IS TO BE USED TO ESTABLISH TAX WITHHOLDING FOR RETIREE OR SURVIVING BENEFICIARY

#### INSTRUCTIONS:

- 1) Complete the appropriate INFO section below.
- 2) Enter the dollar amount of Federal Tax to be withheld. If nothing, then enter zero.
- 3) Enter the dollar amount of State Tax to be withheld. If nothing, then enter zero.
- 4) Submit this completed form to the address shown above.

OFFICE USE ONLY

#### RETIREE INFO: {please print}

Member ID No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

eMail \_\_\_\_\_

#### SURVIVING BENEFICIARY INFO: {please print}

Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

eMail \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

FEDERAL TAX TO BE WITHHELD (Monthly Dollar Amount) \$ \_\_\_\_\_  
Monthly

STATE TAX TO BE WITHHELD (Monthly Dollar Amount) \$ \_\_\_\_\_  
Monthly

I herewith request the Georgia Firefighters' Pension Fund to withhold the amounts shown above.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Retiree OR Surviving Beneficiary