

# INFO SHEET FOR BENEFICIARY APPLICATION



City of Atlanta Pension Administrator  
Strategic Benefits Advisors  
3567 Parkway Lane Suite 250  
Atlanta, GA 30092-5307  
Phone: (888) 594-0216  
Fax: (866) 201-5033

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*If you are the surviving spouse/registered domestic partner or minor child of a deceased City of Atlanta employee (general, police, fire, board of education), you are a potential beneficiary of a City of Atlanta pension benefit.*

The following documents are required in order to make a final benefit determination:

- A completed Beneficiary Application
- A copy of the death certificate for the decedent
- A copy of your birth certificate if you are a minor
- A copy of your driver's license, passport, or birth certificate if you are an adult
- A copy of your marriage certificate or certificate of domestic partnership if you are a surviving spouse/registered domestic partner
- SAVE Affidavit
- Direct Deposit Form for annuity payments only (if you are eligible for an annuity and you do not complete this form, your payments will be mailed to the address on file)
- Tax Form (if you do not complete this form we will apply the default withholding of Single/ Married Filing Separately)

***Please note that completing an application  
does not entitle you to a benefit.***

***Once the required documentation is received,  
a final benefit determination will be made,  
and the appropriate party(ies) will be notified.***

# BENEFICIARY APPLICATION



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Pension Plan:  Board of Education  
 Fire  
 General Employees  
 Police

Relationship to Deceased Participant:  Spouse  
 Registered Domestic Partner  
 Minor Child  
 Other

## DECEASED PARTICIPANT'S INFORMATION

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death<sup>1</sup>: \_\_\_\_\_

<sup>1</sup>You must provide a copy of the death certificate.

## BENEFICIARY'S INFORMATION

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth<sup>2</sup>: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Date of Marriage<sup>3</sup>: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<sup>2</sup> You must provide proof of your age. (For a spouse, domestic partner, or other adult beneficiary, acceptable proofs of age are a copy of your driver's license, birth certificate, or passport. A minor child must provide a copy of their birth certificate. They must be a child of the deceased participant, and they must be under age 18 (or 23 if they are a full-time student).)

<sup>3</sup> If you are a surviving spouse (or registered domestic partner), you must provide a copy of your marriage certificate (or City-issued Certificate of Domestic Partnership).

I understand that completion of this application does not entitle me to any death benefits. Upon review of the death certificate, my application and supporting documentation, and the deceased participant's pension file, a final benefit determination will be made, and I will be notified at that time if I am eligible for benefits.

I hereby certify that the above facts are true and correct.  
Affirmed and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Applicant's Signature (or signature of Parent/Guardian)

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicant is a minor)

Notary stamp or seal:

# DIRECT DEPOSIT AUTHORIZATION



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*This form must be returned with an original voided check (no copies or faxes accepted) or a bank statement that includes your name, routing number, account number and address. **We CANNOT process this form without one of these documents.***

**Please select one of the following:**

- Update Primary Account Only
- Update Alternate Account Only
- Update both Accounts

**SUPPORTING DOCUMENTATION**

- Original Voided Check
- Copy of Bank Statement

**PARTICIPANT INFORMATION**

Full Name: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PRIMARY ACCOUNT**

Bank Name:  Atlanta Credit Union      Account Type:  Checking  Savings  
 Other: \_\_\_\_\_      Routing #: \_\_\_\_\_ (9 digits)  
Account #: \_\_\_\_\_

**ALTERNATE ACCOUNT** (only complete if you are directing a portion of your payment to a second account)

Populate only the fields you are changing. For items that are not changing, leave blank.

Amount to be deposited in alternate account: \_\_\_\_\_

Bank Name:  Atlanta Credit Union      Account Type:  Checking  Savings  
 Other: \_\_\_\_\_      Routing #: \_\_\_\_\_ (9 digits)  
Account #: \_\_\_\_\_

Whereby I authorize the Pension Administrator to deposit my net pay to my account(s) at the above-named bank(s) or financial institution(s). I also authorize the Pension Administrator to adjust any over/under deposit made to my account(s). I will not hold my bank(s) or financial institution(s) liable for any erroneous deposit or subsequent payroll adjustment by the Pension Administrator, and I agree that the bank(s) or financial institution(s) listed above may treat each such deposit as if it were deposited by me in person.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**FEDERAL INCOME TAX Substitute Form W-4P**  
**Withholding Certificate for Pension or Annuity Payment**

**SECTION 1 - RETIREE INFORMATION (Required Section)**

PENSION PLAN (Choose One)

- Board of Education
- General Employees
- Fire
- Police

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (MI)

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**SECTION 2 - FILING STATUS (Required Section)**

Indicate your tax filing status used on your annual tax return.

- FILING STATUS:  Single or Married Filing Separately  Married Filing Jointly  Head of Household

If you want no taxes withheld, check below.

No withholding - do not withhold any Federal Income tax from my monthly benefit  
----- IF NO WITHHOLDING SELECTED, SKIP SECTIONS 3 & 4 -----

**SECTION 3 - OTHER INCOME, DEPENDENT CREDITS, AND DEDUCTIONS (Optional Section)**

This section is optional. Skip this section unless you want to withhold for taxes due on income besides your City of Atlanta pension or you want to reduce your pension by credits so your tax withholding is less than the standard amount.

1. \$ \_\_\_\_\_ .00 Other annual income (not including your City of Atlanta pension)
2. \$ \_\_\_\_\_ .00 Dollar Amount of credits for dependents
3. \$ \_\_\_\_\_ .00 Dollar Amount of other deductions/credits

OPTIONAL

**SECTION 4 - ANY ADDITIONAL WITHHOLDING (Optional Section)**

Extra Withholding (Optional)

\$ \_\_\_\_\_ Withhold this ADDITIONAL amount from each monthly pension payment

**SECTION 5 - SIGNATURE (Required Section)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FEDERAL INCOME TAX

### Withholding Certificate for Pension or Annuity Payments

Caution: Specific questions regarding the withholding of Federal income tax should be directed to the person who prepares your tax return or to the Internal Revenue Service (IRS). The toll free number for the IRS is 1-800-829-1040. Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. Pub. 505 (available from IRS) explains the estimated tax requirements and penalties in detail.

### SECTION 3 INSTRUCTIONS

Skip this section unless you want to withhold for taxes due on other income besides your City of Atlanta pension or you want to reduce your pension by credits so your tax withholding is less than the standard amount.

1. Include an additional income dollar amount only if you want to withhold for taxes due on other income besides your City of Atlanta pension.
2. Include a dependent credit dollar amount if you claim dependents on your tax return and want your tax withholding on your pension to be less than the standard amount.
3. Include an additional credit dollar amount if you claim deductions other than the basic standard deduction on your tax return and you want your tax withholding on your pension to be less than the standard amount.

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Your choice is effective until you complete a new form. You may change your tax withholding election at any time. For a change to be effective for a particular month, the request must be received by the 10th of the month.

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### WITHHOLDING ESTIMATORS

The two websites below provide tools that you may use to estimate the federal tax to be withheld from your pension payment based on your tax table elections completed on the attached form. Please note that while these and other similar websites are available to assist you, neither the City of Atlanta nor Strategic Benefits Advisors is responsible for these websites or the results that they produce.

[paycheckcity.com/calculator/salary/georgia](http://paycheckcity.com/calculator/salary/georgia)  
[adp.com/resources/tools/calculators/salary-paycheck-calculator.asp](http://adp.com/resources/tools/calculators/salary-paycheck-calculator.asp)

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**STATE INCOME TAX Substitute Form G-4P**  
**Withholding Certificate for Pension or Annuity Payment**

**SECTION 1 - RETIREE INFORMATION**

PENSION PLAN (Choose One)

**Board of Education**

**General Employees**

**Fire**

**Police**

Name: \_\_\_\_\_ Full SSN: \_\_\_\_\_  
(Last) (First) (MI)

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**SECTION 2 - FILING STATUS AND EXEMPTIONS**

**INSTRUCTIONS: Indicate your filing status and number of exemptions.**

All retirees age 62 and older and those retirees totally and permanently disabled (as defined by provisions in the applicable state income tax regulations) **may be eligible for additional tax exemptions**. Contact your state's Department of Revenue or consult a tax adviser for further information and for any specific questions regarding the withholding of State Income tax.

Caution: Having no tax withheld or failure to have enough tax withheld, may result in your being responsible for payment of estimated taxes. Penalties may incur if the tax withheld and estimated tax payments are not sufficient to cover your tax liability. Consult your state's Department of Revenue or a tax advisor to determine if the penalties for underpayment apply to you.

**FILING STATUS:**                      Single                      Head of Household                      Married Filing Separate  
Married Filing Jointly: One Spouse Working                      Married Filing Jointly: Both Spouses Working

**EXEMPTIONS:**      I claim \_\_\_\_\_ total dependents/exemptions/allowances      **STATE:** \_\_\_\_\_

**SECTION 3 - WITHHOLDING OPTIONS**

**INSTRUCTIONS: Please refer to the instructions on page 2 of this form, then choose all that apply from the list below.**

Note: State Income Tax (in applicable states) will be withheld from any benefits you receive from this plan using minimum tax tables unless you elect NOT to have the tax withheld (#1 below).

1. Do **NOT** withhold State income tax from my monthly benefit. **(Proceed directly to Section 4. Lines 2 and 3 are not applicable if you elect Option 1)**
2. Withhold from each monthly benefit payment an amount to be figured using the filing status and the number of exemptions listed in Section 2 above.
3. Withhold the following additional amount from each monthly benefit payment: \$ \_\_\_\_\_.  
**NOTE: This option is ONLY available if you checked Line 2 above.**

**SECTION 4 - SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE INCOME TAX**  
Withholding Certificate for Pension or Annuity  
Payments

**SECTION 3 INSTRUCTIONS**

1. Choose this option if you do not want any tax withheld from your pension check.
2. Choose this option if you wish to withhold taxes based on your state's Department Revenue Service tax tables using the filing status and the number of exemptions you listed in Section 2 of Page 1.
3. Choose this option if you wish to have an additional specific dollar amount withheld  
NOTE: Choose only if #2 is completed.

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Your choice is effective until you complete a new form. For a change to be effective for a particular month, the request must be received by the 10th of the month. You may change your tax withholding election at any time.

---

**WITHHOLDING ESTIMATORS**

The two websites below provide tools that you may use to estimate the state tax to be withheld from your pension payment based on your tax table elections completed on the attached form. Please note that while these and other similar websites are available to assist you, neither the City of Atlanta nor Strategic Benefits Advisors is responsible for these websites or the results that they produce.

[paycheckcity.com/calculator/salary/georgia](http://paycheckcity.com/calculator/salary/georgia)  
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**O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a City of Atlanta Pension Refund, Withdrawal, Hardship or other public benefit, as referenced in O.C.G.A. §50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

I am a United States Citizen.

I am a legal permanent resident of the United States.

I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_