

# Georgia Military Pension Fund

## Program Update

### **Effective immediately:**

Retirees must submit a written application for payment of the Georgia Military Pension.

### ***Retroactive payments are not authorized.***

The Georgia Military Pension Fund ARTICLE 6 SECTION 47-24-100(b) states "The effective date of retirement shall be the first day of the month in which the application is received by the board, but such effective date shall not, in any case, be earlier than the first day of the month following the month of the applicant's discharge from the National Guard. Applications for retirement shall not be accepted more than 90 days in advance of the date of discharge."

The pay date will begin from the date the application is received by the Employee's Retirement System. Please ensure that all applications are processed through the appropriate channels at least 90 days prior to the retiree's 60<sup>th</sup> birthday.

Questions: Mrs. Altamese Finch at 678-569-6451  
Mrs. Venus Terry at 678-569-6457

Email: [altamese.finch@ga.ngb.army.mil](mailto:altamese.finch@ga.ngb.army.mil)  
[venus.terry@ga.ngb.army.mil](mailto:venus.terry@ga.ngb.army.mil)

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# Georgia Military Pension Fund

SSN #: / /

EmpID #

ERS FORM 004 GMPF

## APPLICATION FOR RETIREMENT ALLOWANCE

This application must be completed in its entirety and mailed to GMPF at Two Northside 75 NW, Suite 300, Atlanta, GA 30318-7778. Omitted information will delay processing. In case of any conflict between what is printed on this application and the laws governing this Fund, the law must take precedence.

Please TYPE or PRINT, using black ink

1. Name (Last, Suffix, First and Middle Initial)			
2. Date of Birth (MM/DD/YYYY)		3. Gender (Mark X in Appropriate Box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Marital Status (Mark X in Appropriate Box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
5. Mailing Address (Number and Street and Apt #)			
6. City	7. State	8. Zip Code + 4	9. Country (if not USA)
10. Daytime Phone ( )	11. Evening Phone ( )	12. Cell Phone or Pager ( )	
13. E-mail Address (If applicable):			
14. I hereby apply for retirement effective the first day of _____, 20__ *			

### PRIMARY BENEFICIARY

1. NAME (Last, Suffix, First and Middle Initial)		2. SSN # : / /	
3. Date of Birth (MM/DD/YYYY)		4. Gender (Mark X in Appropriate Box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Mailing Address (Number and Street and Apt #)			
6. City	7. State	8. Zip Code + 4	9. Relationship

### CONTINGENT BENEFICIARY *Contingent Beneficiaries are used ONLY if the Primary Beneficiary is deceased*

1. NAME (Last, Suffix, First and Middle Initial)		2. SSN # : / /	
3. Date of Birth (MM/DD/YYYY)		4. Gender (Mark X in Appropriate Box) <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Mailing Address (Number and Street and Apt #)			
6. City	7. State	8. Zip Code + 4	9. Relationship

\*In accordance with Code Section 47-24-100, the effective date of retirement shall be the first day of the month in which the application is received by the GMPF in the ERS office, but such effective date shall not, in any case, be earlier than the first day of the month following the month of the applicant's discharge from the Georgia National Guard. Applications for retirement shall not be accepted more than 90 days in advance of the date of discharge.

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



# Georgia Military Pension Fund

Two Northside 75, Suite 300, Atlanta, GA 30318  
(404) 352-6400 or 1-800-805-4609

GMPF USE ONLY	
RETIREMENT #	
VERIFIED	
DATE	INITIALS

SUBSTITUTE  
FORM W-4P

## FEDERAL INCOME TAX Withholding Certificate for Pension or Annuity Payments

TYPE OR PRINT YOUR FULL NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY OR TOWN, STATE, AND ZIP CODE

DAYTIME PHONE NUMBER WITH AREA CODE

FILING STATUS:  Single  Married

EXEMPTIONS: I Claim \_\_\_\_\_ total dependents/exemptions/allowances.

**Caution:** Specific questions regarding the withholding of Federal income tax should be directed to the person who prepares your return or to the Internal Revenue Service (IRS). The toll free number for 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.

The Georgia Military Pension Fund will withhold Federal Income Tax from any benefits you receive from this system using minimum tax tables unless you elect NOT to have the tax withheld. You may choose one of three alternatives. *Please refer to the instructions on the back. Then check line 1, 2, or 3.*

- 1.** Do not withhold Federal income tax from my monthly benefit. (Do not complete lines 2 or 3.)
- 2.** Withhold from each monthly benefit payment an amount to be figured using the filing status and the number of allowances I listed above.  
**NOTE:** An additional amount can be deducted in addition to that deducted according to the tables. If you wish an additional amount withheld, enter the amount here: \$ \_\_\_\_\_.
- 3.** Withhold the following even dollar amount from each monthly benefit payment: \$ \_\_\_\_\_.  
**NOTE:** You should ensure that your tax liability will be met by selecting this option.

Your signature in this space is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**INSTRUCTIONS**

1. **Elect not to have any taxes withheld from your benefit check.** To choose this option, check Line 1.
2. **Elect to have this system withhold taxes from your benefit check based on Internal Revenue Service tax tables.** If you wish to withhold taxes based on the number of allowances (exemptions) you indicate, you should check Line 2. You may also designate an amount in addition to the tables by filling in the space provided. Specify number of allowances (exemptions) and your filing status.
3. **You may indicate a specific even dollar amount to be withheld from each benefit payment.** To make this selection, check Line 3 and be sure to specify an appropriate amount in the space provided. Specify the number of allowances (exemptions) and your filing status.

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Your choice of any of the above is effective until you notify us in writing on another W-4P and the change is processed in this office. You may revoke or change this form at any time. We will make every effort to process your request promptly; however, requests must be received by the tenth of the month to be effective for that particular month.

You will be reminded each December of your right to elect to have no tax withheld or change your withholding amount.

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# Georgia Military Pension Fund

Two Northside 75, Suite 300, Atlanta, GA 30318  
(404) 352-6400 or 1-800-805-4609

GMPF USE ONLY	
RETIREMENT #	
VERIFIED	
DATE	INITIALS

SUBSTITUTE  
FORM G-4P

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

TYPE OR PRINT YOUR FULL NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY OR TOWN, STATE, AND ZIP CODE

DAYTIME PHONE NUMBER WITH AREA CODE

FILING STATUS:  Single  Married

EXEMPTIONS: I Claim \_\_\_\_\_ total dependents/exemptions/allowances.

All retirees age 62 and older and those retirees totally and permanently disabled (as defined by provisions in the Georgia Revenue Income Tax regulations) may be eligible for additional tax exemptions. Contact the State Revenue Department 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 the State Revenue Department or a tax advisor to determine if the penalties for underpayment apply to you.

Please refer to the instructions on the back. Then check line A, B, or C.

- A.** Do not withhold State income tax from my monthly benefit. (Do not complete lines B or C.)
- B.** Withhold from each monthly benefit payment an amount to be figured using the filing status and the number of allowances I listed above.  
**NOTE:** An additional amount can be deducted in addition to that deducted according to the tables. If you wish an additional amount withheld, enter the amount here: \$ \_\_\_\_\_
- C.** Withhold the following even dollar amount from each monthly benefit payment: \$ \_\_\_\_\_

Your signature in this space is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**INSTRUCTIONS**

- A. Elect not to have any taxes withheld from your benefit check.** To choose this option, check Line A.
- B. Elect to have this system withhold taxes from your benefit check based on State Revenue Department tax tables.** If you wish to withhold taxes based on the number of allowances (exemptions) you indicate, you should check Line B. You may also designate an amount in addition to the tables by filling in the space provided. Specify number of allowances (exemptions) and your filing status.
- C. You may indicate a specific even dollar amount to be withheld from each benefit payment.** To make this selection, check Line C and be sure to specify an appropriate amount in the space provided. Specify the number of allowances (exemptions) and your filing status.

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Your choice of any of the above is effective until you notify us in writing on another G-4P and the change is processed in this office. You may revoke or change this form at any time. We will make every effort to process your request promptly; however, requests must be received by the tenth of the month to be effective for that particular month.

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Georgia Military Pension Fund

Two Northside 75, Atlanta, GA 30318-7778 (404)352-6400

**MANDATORY**

**Direct Deposit of Net Monthly Benefit**

Direct Deposit takes TWO MONTHS to start. The first month, the check is mailed to your home address. Direct Deposit begins the NEXT month.

NAME \_\_\_\_\_

last first middle/maiden

SS# \_\_\_\_\_ HOME PHONE # (\_\_\_\_) \_\_\_\_\_

CURRENT HOME ADDRESS:

• IMPORTANT •  
Check box if this is a NEW address.

\_\_\_\_\_

number street apt. #

\_\_\_\_\_

city state zip

• Please *READ* special stipulations on the reverse side before signing this agreement •

I authorize the Georgia Military Pension Fund to electronically deposit my net monthly benefit into my bank account. I have read and I understand the stipulations on the reverse side of this form, and I also understand that the following conditions apply:

- GMPF is authorized to adjust any entries made in error.
- This arrangement remains in effect until I cancel or supersede it in writing to GMPF.
- I agree to immediately notify GMPF of any change in my home address.
- Failure to abide by these conditions can jeopardize deposit of my monthly benefit.

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

■ A check from the account your deposit is to be made must be attached. Mark it "VOID" ■

• **ATTACH VOIDED CHECK HERE** •



Return to:

Georgia Military Pension Fund  
TWO NORTHSIDE 75  
SUITE 300  
ATLANTA, GEORGIA 30318 7778

This account is the following: (check one)

CHECKING ACCOUNT

SAVINGS ACCOUNT



Georgia Military Pension Fund SIGNATURE CARD

Ret. # \_\_\_\_\_

- GMPF is required to keep a file of signatures for each person receiving benefits. M/S # / Date \_\_\_\_\_
- Please sign, date, and return this card. Sign exactly as you will when endorsing checks or signing other papers. We cannot mail your first check until this card is returned to us.
- If you are signing as Power Of Attorney, we must have a copy of the Power Of Attorney papers on file at GMPF.
- For those unable to sign, an (X) on the signature line is acceptable if the mark is witnessed by a disinterested party.

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

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_  
(if Mark is made)

Address of Witness \_\_\_\_\_

*Georgia Military Pension Fund*

TWO NORTHSIDE 75

ATLANTA, GA 30318-7778

Voice (404) 352-6400 (Atlanta) 1-800-805-4609 (outside the Atlanta area)

FAX (404) 352-6431

The following information should be read and understood before signing and returning this form for Direct Deposit. Please call the ERSGA office if you need further clarification.

- **EFFECTIVE STARTING DATE:** If GMPF receives your request by the 10th of the month, your Direct Deposit starts on the last working day of the *following* month. *Example: If your request is received on or before November 10th, Direct Deposit starts on the last working day of December. If the request is received after November 10th, Direct Deposit starts on the last working day of January.*
  
  - **FOR NEW RETIREES:** A new retiree's first check is mailed. The first month, GMPF uses the voided check (requested on the front of this form) in a trial run - making sure that your check will be deposited into the correct account at the correct bank. Starting the second month after retirement, your check is directly deposited into your bank.
  
  - **STATEMENTS:** No monthly check stubs are issued. A statement is issued with the first month of Direct Deposit and whenever a change occurs in the amount of deposit.
  
  - **DEPOSIT DATES:** Checks are *always* deposited on the *last* working day of each month.
  
  - **BANK OR ACCOUNT CHANGES:** This deposit agreement continues until you notify GMPF in writing to do otherwise.  
**If you change banks or accounts,** you must complete and send in another Direct Deposit form. We must have this signed form for every account.  
**Please remember** that the GMPF office must have all changes by the 10th of the month for the change to take effect the following month.
  
  - **ADDRESS CHANGES:** You must notify this office of any change in your home address. We are required to keep all files current.
  
  - **JOINT ACCOUNT HOLDERS:** Joint account holders should notify GMPF immediately of the death of the recipient of this benefit. Funds deposited after the death of the recipient must be returned to GMPF. GMPF will then calculate and determine any survivor rights or benefit payments.
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