

#### St. Paul Teachers' Retirement Fund Association

2550 University Avenue W, Suite 312N, Saint Paul, MN 55114 Phone: (651) 642-2550 Fax: (651) 642-2553 Website: www.sptrfa.org

#### **Application for a Retirement Annuity – Coordinated Plan**

| Section A – General Information  |                                     |   |  |  |  |
|--|-------------------------------------|---|--|--|--|
| Member's   | Member's Date of Birth:             |   |  |  |  |
| Full Name:   |                                     |   |  |  |  |
| Street Address:  | Street Address:                     |   |  |  |  |
| City, State, Zip Code  |                                     | Contact Phone #   |  |  |  |
| Personal Email Address:  |                                     |   |  |  |  |
| Name of Spouse:  | Spouse's Birth Date:                | What is your current marital status?  ☐ Single ☐ Married ☐ Widowed                |  |  |  |
| SPPS Resignation Date (mm/dd/yyyy):  | Pension Date (mm/da                 | /уууу):   |  |  |  |
| Typically, resignation date is the last day worked.  | Pension date must be 1 <sup>s</sup> | or 16th of the month, at least one day after resignation.                         |  |  |  |
| 1. Have you ever been involved in a marriage dissolution?  |                                     |   |  |  |  |
| <ul> <li>No ☐ Yes: During or after your SPPS employment.</li> <li>Yes: But, prior to your SPPS employment. No</li> <li>Do you have current, deferred, or refunded retirement ser</li> </ul>  | decree required.                    | •   |  |  |  |
| You must make timely application to each fund:   | if you wish to receive a            | combined service annuity (CSA) benefit:   |  |  |  |
| Minnesota Teachers Retirement Public Employer Association (TRA) Association (PE  |                                     | Minnesota State Retirement System* (MSRS) *NOT your Deferred Compensation Account |  |  |  |
| Section B – Annuity Plan Option (Select only one in  | revocable monthly                   | lifetime retirement benefit option.)  |  |  |  |
| For Options C-1, C-2 or C-3 you must provide your birth  | n certificate along with            | n your driver's license OR signed valid passport.                                 |  |  |  |
| ☐ <b>C-1 Member Life Only</b> − Payable to you for life.   | _                                   |   |  |  |  |
| C-2 Guaranteed Refund – Payable to you for life your accumulated contributions will be payable to you survives you, any remaining balance of accumulated or  | ur designated benefici              | ary upon your death. If no designated beneficiary                                 |  |  |  |
| C-3 15-year Certain – Payable to you for life. If y payments will be made to your designated beneficiary survives you, any remaining guaranteed payments will  | for the remainder of                | the 15-year period. If no designated beneficiary                                  |  |  |  |
| For Options C-4 or C-5 you must be legally married. Y license OR signed valid passport; your spouse's birth co and your marriage certificate.  | <u> </u>                            | ~ ·   |  |  |  |
| ☐ <b>C-4 100% Joint and Survivor</b> — Payable to you f amount of your annuity for life. If your joint annuitar Member Life Only annuity amount for the remainder  | nt predeceases you, yo              | our payments will be increased to the option C-1                                  |  |  |  |
| C-5 50% Joint and Survivor — Payable to you for life. Upon your death, your joint annuitant will receive half the amount of your annuity for life. If your joint annuitant predeceases you, your payments will be increased to the option C-Member Life Only annuity amount for the remainder of your life. You must notify us of the joint annuitant's death. |                                     |   |  |  |  |
| Supplemental Needs Trust – Choose this option if you wish your beneficiary to be the Primary Trust Beneficiary of a Supplemental Needs Trust. Attach necessary documentation.  |                                     |   |  |  |  |
| Section C – Normal or Acceleration/Deceleration Se   | election (Select one.)              |   |  |  |  |
| Select one of the following types of payment: $\square$ N  | formal: Payment not                 | changed through acceleration/deceleration.  |  |  |  |

Accelerated/Decelerated: Payment accelerated (increased) to age 65, then decelerated (decreased) for future payments.

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| Section D – Beneficiary Designation  | n (for C-2 Op   | otion or C-3                                   | Option Only)  |                         |   |
|--|---|--|---|-------------------------|---|
| In the case of my death after retirem payable under the C-2 or C-3 option  |   |  |   |                         | <b>1</b>  |
| Beneficiary Name(s) Dat  | te of Birth   | Address  |   |                         | Relationship  |
|  |   |  |   |                         |   |
|  |   |  |   |                         |   |
|  |   |  |   |                         |   |
|  |   |  |   |                         |   |
|  |   |  |   |                         |   |
| Further designations may be attached o<br>Designations of beneficiary may be upd   |   |  |   |                         |   |
| Section E – Spousal Information for  | r C-4 or C-5  | Joint & Su                                     | rvivor Options  |                         |   |
| Spouse Name  |   |  | Spouse Birth Date   | Sp                      | ouse Social Security #  |
| Spouse 1 miles   |   |  | •   |                         | v   |
|  |   |  |   |                         |   |
|  |   |  |   |                         |   |
| Section F – Spousal Notification hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.                               | or me in the ev   | ent of my s                                    | pouse's death, that s   | tate law (N             | Inn.Stat. §356.46) requires   |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  | or me in the ev   | vent of my s<br>without my                     | pouse's death, that s   | tate law (N             | Inn.Stat. §356.46) requires   |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and sur   | or me in the ev   | ent of my s                                    | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | finn.Stat. §356.46) requires solicy requires spousal  |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  Spouse Signature  | or me in the ev   | vent of my s<br>without my                     | pouse's death, that s   | tate law (N             | Inn.Stat. §356.46) requires   |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  | or me in the ev   | vent of my s<br>without my<br>Date             | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | finn.Stat. §356.46) requires solicy requires spousal  |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and sur ignature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this    | or me in the everyivor benefit                            | vent of my s<br>without my<br>Date             | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | finn.Stat. §356.46) requires solicy requires spousal  |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  Spouse Signature  Notary Public:                              | or me in the everyivor benefit                            | vent of my s<br>without my<br>Date             | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | finn.Stat. §356.46) requires policy requires spousal  Notary Data   |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this  of | or me in the everyivor benefit                            | vent of my s<br>without my<br>Date             | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | Notary Data  County  State  |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and sur ignature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this    | or me in the everyivor benefit                            | vent of my s<br>without my                     | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | Notary Data  County   |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this  of | or me in the everyivor benefit                            | vent of my s<br>without my                     | pouse's death, that s<br>signature, and that \$   | tate law (M<br>SPTRFA p | Notary Data  County  State  |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surginature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this of  | day day, 20 tion and explaing beneficiary er than 90 cale | Date  anation of my s and survive endar days t | Notary Stamp  Notary Stamp  ny options St. Paul T or options. I underst from my termination | - OR -                  | Notary Data  County State My Commission Expires  etirement Fund Association nefit option is irrevocable and |
| hereby affirm that I have been notified inderstand what this election means for ayment of at least a 50% joint and surfignature for all benefit options.  Spouse Signature  Notary Public:  Sworn to before me this of | day day, 20 tion and explaing beneficiary er than 90 cale | Date  anation of my s and survive endar days t | Notary Stamp  Notary Stamp  ny options St. Paul T or options. I underst from my termination | - OR -                  | Notary Data  County State My Commission Expires  etirement Fund Association nefit option is irrevocable and |

Sworn to before me this

Notary Signature

, 20

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County State

My Commission Expires

#### ST. PAUL TEACHERS' RETIREMENT FUND ASSOCIATION

2550 University Avenue W, Suite 312N Saint Paul, Minnesota 55114 Phone: (651) 642-2550 Fax: (651) 642-2553 Website: www.sptrfa.org

#### Direct Deposit Authorization

I hereby authorize the St. Paul Teachers' Retirement Fund Association (SPTRFA) to deposit my monthly retirement benefit payment to my account as indicated below:

**Financial Institution Name:** 

| r                       | CHECKING A                                  | ACCOUNT               |  |                 |
|-------------------------|---|-----------------------|--|-----------------|
| _                       | cess this request we<br>your bank transit r |                       |  |                 |
| Bank Routing Number     |   |                       | Checking   | Savings         |
|                         |   |                       |  |                 |
| ful                     | nds are electronically deposit              | ed the first business | day of the month.  |                 |
| new Direct Deposit Auth | h to change financial instinorization.      |                       | osit is not available in fore  |                 |
| (PLEASE Last            |   | First                 | Middle   |                 |
|                         |   |                       |  |                 |
| SOCIAL SECURITY         | XX  | X - X X - 🔲           |  |                 |
|                         | ate   |                       | If this form is received of the month, your direquest will take effe | irect deposit   |
|                         |   |                       | beginning of the follo   |                 |
|                         |   |                       | If your form is receiv   |                 |
|                         |   |                       | 20 <sup>th</sup> , your direct dependent may be delayed one          |                 |
|                         |   |                       |  |                 |
| Personal Email          |   |                       | Updat  | ed: August 2023 |



Department of the Treasury Internal Revenue Service

# Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

| Internal Neverlac oci                               | (-) First areas and asidella initial   | Lastasas   | 10-   |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|
| Step 1:   | (a) First name and middle initial  | Last name  | d)  | ) Social security number   |  |  |  |  |  |
| Enter   | Address  |  |   |  |  |  |  |  |  |
| Personal  |  |  |   |  |  |  |  |  |  |
| Information   | City or town, state, and ZIP code  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   | (c) Single or Married filing separately  |  |   |  |  |  |  |  |  |
|   | Married filing jointly or Qualifying surv  | iving spouse   |   |  |  |  |  |  |  |
|   | Head of household (Check only if you're  | unmarried and pay more than half the costs of l  | keeping up a home for yourse  | elf and a qualifying individual.)  |  |  |  |  |  |
| are completing<br>the year in you<br>(not from jobs | using the estimator at www.irs.gov/W4, g this form after the beginning of the year marital status, number of pensions/jo or pension/annuity payments), deduction when using the estimator. At the beginn   | ar; expect to receive your payments on<br>os for you (and/or your spouse if mar<br>ons, or credits. Have your most recer | only part of the year; or<br>ried filing jointly), deport<br>t payment statements | or have changes during<br>endents, other income<br>s/pay stubs from this |  |  |  |  |  |
|   | ps 2–4 ONLY if they apply to you; oth<br>ne estimator at www.irs.gov/W4App, an   |  |   |  |  |  |  |  |  |
| Step 2:   | Complete this step if you (1) have in  | come from a job or more than one pe  | ension/annuity, or (2) a  | are married filing   |  |  |  |  |  |
| Income  | jointly and your spouse receives inc   | ome from a job or a pension/annuity.   |   |  |  |  |  |  |  |
| From a Job  | complete Step 2.   |  |   |  |  |  |  |  |  |
| and/or  | Do <b>only one</b> of the following.   | /\/\/\/\/\   |   | and Change O. A). If you   |  |  |  |  |  |
| Multiple  |  | v/W4App for the most accurate withly<br>ment income, use this option; or   | nolding for this step (a  | ına Steps 3–4). If you   |  |  |  |  |  |
| Pensions/<br>Annuities                              | (b) Complete the items below.  | , ment meetine, dee and option, e.   |   |  |  |  |  |  |  |
| (Including a  | • • •  | ave one or more jobs, then enter the   | total taxable annual i  | oav  |  |  |  |  |  |
| Spouse's  | from all jobs, plus any inco   | ome entered on Form W-4, Step 4(   | a), for the jobs less   | the  |  |  |  |  |  |
| Job/  | deductions entered on Form   | W-4, Step 4(b), for the jobs. Otherwi  | se, enter "-0-"   | . <u>\$</u>  |  |  |  |  |  |
| Pension/<br>Annuity)                                | this pension/annuity, then e   | nave any other pensions/annuities that the total annual taxable paymerse, enter "-0-"                                    | nts from all lower-pay  |  |  |  |  |  |  |
|   |  |  |   | <u>•</u>   |  |  |  |  |  |
|   | (iii) Add the amounts from items (i) and (ii) and enter the <b>total</b> here  |  |   |  |  |  |  |  |  |
|   |  | ew pension/annuity that pays less th   |   |  |  |  |  |  |  |
| Complete Ste<br>Steps 3–4(b) o                      | ps 3–4(b) on this form only if (b)(i) is blanthis form.  | nk <b>and</b> this pension/annuity pays the  | e most annually. Other  | wise, do not complete  |  |  |  |  |  |
| Step 3:   | If your total income will be \$200,000   | or less (\$400,000 or less if married t  | filing jointly):  |  |  |  |  |  |  |
| Claim   | Multiply the number of qualifying  | g children under age 17 by \$2,000   | \$  |  |  |  |  |  |  |
| Dependent and Other                                 | Multiply the number of other dep   | pendents by \$500  | \$  |  |  |  |  |  |  |
| Credits   | Add other credits, such as foreign to  |  |   |  |  |  |  |  |  |
|   |  | dren, other dependents, and other cr   |   | 3 \$   |  |  |  |  |  |
| Step 4  |  | r pension/annuity payments). If you  |   |  |  |  |  |  |  |
| (optional):   |  | s year that won't have withholding, e  |   |  |  |  |  |  |  |
| Other   | (1) The second s | lude interest, taxable social security,  |   | 4(a) \$  |  |  |  |  |  |
| Adjustments   | and want to reduce your withh  | eet on page 3 and  | <b>4(b)</b> \$  |  |  |  |  |  |  |
|   |  |  | <del> </del>  | 4(c) \$  |  |  |  |  |  |
| Step 5:   |  |  |   |  |  |  |  |  |  |
| Sign  |  |  |   |  |  |  |  |  |  |
| Here  | Your signature (This form is not valid   | d unless you sign it.)   | Date  |  |  |  |  |  |  |
| For Privacy Act                                     | and Paperwork Reduction Act Notice, se   |  | 10225T  | Form <b>W-4P</b> (2025)  |  |  |  |  |  |

Form W-4P (2025)

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

- 1. Are submitting this form after the beginning of the year;
- 2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax:
- 3. Receive these payments or pension and annuity payments for only part of the year; or
- 4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens. for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks. for more details.

#### **Specific Instructions**

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step (2)(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for only the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible

Form W-4P (2025) Page **3** 

#### Specific Instructions (continued)

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional)

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

#### Step 4(b) - Deductions Worksheet (Keep for your records.) 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . . . . . . . . . . . . . . • \$30,000 if you're married filing jointly or a qualifying surviving spouse 2 Enter • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater 4 If line 3 equals zero, and you (or your spouse) are 65 or older, enter: . \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. 5 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 6 Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P . . . . . . . . . . . 6 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form: providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# 2025 W-4MNP, Minnesota Withholding Certificate for Retirement Account, Pension, or Commercial Annuity Payments

Note: This form is not required for certain nontaxable periodic payments and nonperiodic distributions, including:

- Designated Roth account distributions
- Qualified Roth IRA distributions
- Qualified Charitable Distributions (QCDs)

Complete Form W-4MNP so your plan administrator, financial institution, or other payer responsible for making your distributions can withhold the correct Minnesota income tax. Consider completing a new Form W-4MNP each year or when your personal or financial situation changes. If you do not complete this form and do not have a previous Form W-4MNP on file with your payer, they must withhold Minnesota taxes at a rate equal to 6.25% of the taxable payment or distribution.

| First Name and Initial Last Name  |                             | Social Security Numb    | er  |
|---|-----------------------------|-------------------------|---|
| Permanent Address   |                             | Claim or Identification | n Number (if any) of your Account or Contract |
| City State  | ZIP Code                    |                         |   |
| Note: The 2025 Minnesota Individual Income Tax rat                        | es and brackets are pro     | vided in the inst       | ructions on page 2 of the instructions.       |
| Withholding election for periodic payments:                               |                             |                         |   |
| <ul><li>□ Default rate of 6.25%</li><li>□ No withholding</li></ul>        |                             |                         |   |
| Other percentage (specify):   |                             |                         |   |
| ☐ Set dollar amount per periodic payment (specify):                       |                             |                         |   |
| Withholding election for nonperiodic distributions:                       |                             |                         |   |
| ☐ Default rate of 6.25%   |                             |                         |   |
| ☐ No withholding  |                             |                         |   |
| Other percentage (specify):   |                             |                         |   |
| Set dollar amount per distribution (specify):                             |                             |                         |   |
|   |                             |                         |   |
| <b>Sign here.</b> Give the completed form to your plan adm distributions. | ninistrator, financial inst | itution, or other       | payer responsible for making your             |
| I certify that all information provided is correct.                       |                             |                         |   |
|   | Date                        |                         | Daytime Phone Number                          |



## Form W-4MNP, Minnesota Withholding Certificate for Retirement Account, Pension, or Commercial Annuity Payments

Complete this form to request the percentage or amount of Minnesota income tax to be withheld from your taxable payments or distributions.

#### What's new?

On May 24, 2023, legislation was enacted to allow recipients of retirement, IRA, pension, or commercial annuity payments to request Minnesota income tax withholding at any rate or amount they choose, including none. This simplified method does not require you to calculate allowances. If you already have a Form W-4MNP on file with your plan administrator, you do not need to complete this form unless you choose to do so.

#### When should I complete Form W-4MNP?

Complete Form W-4MNP if you are a Minnesota resident and receive taxable payments or distributions from any of these:

- Employer deferred compensation plan (such as a 401(k))
- Pension plan
- Individual retirement plan
- Traditional IR A
- · Commercial annuity

This form is not required for certain nontaxable distributions, including designated Roth account distributions, qualified Roth IRA distributions, or Qualified Charitable Distributions (QCDs).

For taxable periodic payments, complete Form W-4MNP when you begin receiving payments from a retirement account, traditional IRA, annuity, or pension, or if your personal or financial situation changes. Use this form to specify a dollar amount or percentage to be withheld or to elect to have no Minnesota income tax withheld from these payments. If you were already having Minnesota income tax withheld from payments you received, you do not need to complete a Form W-4MNP unless you want to adjust your Minnesota income tax withholding.

For taxable nonperiodic distributions, you must complete Form W-4MNP to set the withholding amount or percentage for your distribution or elect not to withhold on the distribution. You may complete a new form or elect out of withholding each time you request a nonperiodic distribution.

Generally, if you submit a federal Form W-4P or W-4R for federal income tax withholding, you should complete a new Form W-4MNP.

If you previously completed Form W-4MNP for the same institution, you may use the election from the previous Form W-4MNP by confirming the election with the institution. In this case, you would not need to complete a new Form W-4MNP.

For this Form W-4MNP to be valid, you must enter your Social Security Number and sign the form. If this form is invalid or incomplete, the payer will withhold Minnesota income taxes equal to 6.25% of any taxable payment or distribution.

#### What are periodic payments and nonperiodic distributions?

Periodic payments are made in installments at regular intervals (such as quarterly, monthly, or annually) over a period of more than one year. Nonperiodic distributions are payments not made at regular intervals, including on-demand IRA distributions.

#### What if I receive multiple nonperiodic distributions?

This form is specific to the account or contract you identified above. If you have more than one account or contract with the financial institution or payer to which you are providing this form, complete a separate Form W-4MNP for distributions or payments from each account or contract.

#### What if I have completed federal Form W-4P or Form W-4R?

You will still need to complete Form W-4MNP to specify your Minnesota income tax withholding, if you have not already done so. If you do not complete Form W-4MNP and provide it to the payer, the payer will withhold Minnesota income taxes equal to 6.25% of your payments or distributions.

#### What if I choose to not have Minnesota income tax withheld?

Check the "No withholding" box and sign Form W-4MNP to validate it. Consider making estimated tax payments to avoid possible penalties and interest when you file your Minnesota income tax return. If you do not check the "No withholding" box, or specify a withholding percentage or amount, the payer will withhold Minnesota income taxes equal to 6.25% of any taxable payment or distribution.

#### **Income Tax Rates**

Below are the 2025 Minnesota Individual Income Tax rates and brackets.

| Rate  | Married Filing Jointly                      |                   | Married Filing Separately                   |                      | Head of Household |           | Single                                      |                      |
|-------|---|-------------------|---|----------------------|-------------------|-----------|---|----------------------|
| -     | Minnesota<br>taxable<br>income<br>more than | But not more than | Minnesota<br>taxable<br>income more<br>than | But not more<br>than | taxable than      |           | Minnesota<br>taxable<br>income more<br>than | But not more<br>than |
| 5.35% | \$0   | \$47,620          | \$0   | \$23,810             | \$0               | \$40,100  | \$0   | \$32,570             |
| 6.80% | \$47,620                                    | \$189,180         | \$23,810                                    | \$94,590             | \$40,100          | \$161,130 | \$32,570                                    | \$106,990            |
| 7.85% | \$189,180                                   | \$330,410         | \$94,590                                    | \$165,205            | \$161,130         | \$264,050 | \$106,990                                   | \$198,630            |
| 9.85% | \$330,410                                   | -                 | \$165,205                                   | -                    | \$264,050         | -         | \$198,630                                   | -                    |

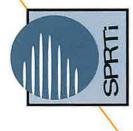
#### **Use of Information**

All information on Form W-4MNP is private by state law. It cannot be given to others without your consent, except to the IRS, to other states that guarantee the same privacy, or by court order. Your name, address, and Social Security Number are required for identification. We ask for your phone number so we can call if we have questions.

#### **Questions?**

Website: www.revenue.state.mn.us
Email: withholding.tax@state.mn.us
Phone: 651-282-9999 or 1-800-657-3594

Form W-4MNP Payer Instructions on next page.



# Membership Application

| Name           |  |
|----------------|--|
| Address        |  |
| City           |  |
| StateZip       |  |
| Phone (H)      |  |
| (C)            |  |
| 73<br>20<br>13 |  |

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|----------|---------------------|
| ō        | ٩                   |
| Two-year | l ifetime membershi |
| 510      | 50                  |

Please send your application and check to: Membership Treasurer Saint Paul, MN 55104 1430 Concordia Ave PO Box 4236

You may pay your dues at that time. We look forward to meeting you at our luncheon at Ideal Hall.

501(c)(3) organization. met for the first time. It has since grown to expanded to include Teachers, Inc. (SPRTI) organization but has 1944 when a group SPRTI is still a social other opportunities over 800 members of retired teachers and is a registered began in February Saint Paul Retired philanthropy and for members.



Retired Teachers Inc.

# Purpose and Benefits of Being a Member of SPRTI

Reconnect with colleagues and make new friends. A short business meeting before lunch includes news and sometimes an update from SPTRF regarding pensions. A terrific lunch follows and then on to the program.

Programs offer a wide variety of entertaining and educational topics. Past programs have included musicians, local celebrities, authors, and community experts (bee keeping, This Old Horse, flower arranging, and historical insights).

11:30 am Meeting Noon Lunch 1 pm Program You will receive a newsletter twice a year to keep you up to date and inform you of upcoming events. A membership directory is available for purchase with members' contact information.



# PHILANTHROPY AND OUTREACH

September is School Supplies month. SPRTI members generously provide two schools each year with additional student supplies.

December is the month to share cheer with residents at Ramsey County Care Center. SPRTI is the only organization providing holiday gifts.

Food Share Month is in March. Once again, members generously give non-perishable food and supplies which is distributed to Saint Paul food shelves.

The Scholarship Fund is a large part of what SPRTI is all about and helps strengthen Saint Paul Public Schools. Up to eight \$3000 scholarships are awarded each year to tenured teachers and professional staff for graduate studies. This endowed fund comes from money donated to honor someone or as a memorial contribution.

The fund produces enough interest to cover the annual scholarship expenses and is a registered 501(c)(3) organization.

Winners receive their awards at the May meeting.

The Outreach Committee sends cards to members who are ill, hospitalized, or need cheer.

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We invite you to become a member of SPRTI. Please complete the form on the back and return it to the Membership Treasurer with a check written to SPRTI.

Meetings are held on the second Wednesday of each month except for January, July, and August. Lunch follows with a choice of three meals – entrée, salad, or vegetarian and cost \$15 including tax and tip. Meals are preordered.

If you plan to attend contact Mary Grundeen (Reservation Chair) at (651) 770-1056 for menu choices. You may also make an email reservation at sprti@hotmail.com.

# Membership

Lifetime \$50.00 2-Year \$10.00

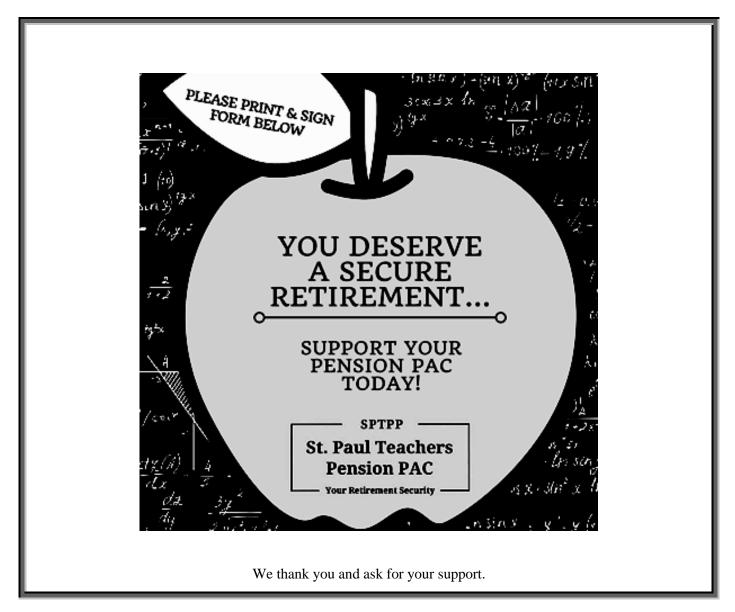
### **Location** Ideal Hall

1494 North Dale Street Saint Paul, MN 55117

### Time

11:30 am Business Meeting

12:00 noon Luncheon 1:00 pm Program



<u>Saint Paul Teachers Pension PAC Members:</u>: Lori Borgeson, Chair, Johnson Senior; Thomas Koreltz, Vice Chair, Gordon Parks & LEAP; Stephanie Pignato, Treasurer, retired; Brian Paulson, Secretary, Central Senior; Feryle Borgeson, retired; Patrick Coyne, retired; Lorraine O'Connor, retired; Barbara Outcelt, retired; Teresa Vibar, Vice Chair, Principal, Hidden River; Phillip Tencick, SPTRFA Consultant

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#### St. Paul Teachers Pension PAC Deduction Authorization Retired Teachers

| SSN xxx-xx-                            | (las           | st 4 digits)   |                  |                |                |                   |                       |  |
|--|----------------|----------------|------------------|----------------|----------------|-------------------|-----------------------|--|
| I hereby request ar and to forward tha |                |                |                  |                | deduct the     | e sum listed be   | low each month fi     | rom my retirement check,   |
|  | money contribu | uted to pay fo | or a legislative | counsel and to | make pol       | itical contribu   | tions and expendi     | . Paul Teachers Pension itures in connection with red.   |
|  | <b>\$2</b>     | □ \$3          | ☐ <b>\$</b> 4    | □ \$5          | \$8            | <b>\$10</b>       | ☐ OTHER               | \$   |
| Signature                              |                |                |                  | submitted el   | ection. In o   | order to avoid an | unintended negative   | ntionally reduce a previously<br>e impact to St. Paul Teachers<br>you place your initials here |
| Date                                   |                |                |                  | If this space  | is left blank, | any previously si | ıbmitted, higher dedu | uction will remain in effect.  |