

Application for a Retirement Annuity – Coordinated Plan

Section A – General Information		
Member's Full Name:		Member's Date of Birth:
Street Address:		Social Security # _ _ _ - _ _ - _ _ _
City, State, Zip Code		Contact Phone #
Personal Email Address:		
Name of Spouse:	Spouse's Birth Date:	What is your current marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
SPPS Resignation Date (mm/dd/yyyy): Typically, resignation date is the last day worked.		Pension Date (mm/dd/yyyy): Pension date must be 1 st or 16 th of the month, at least one day after resignation.

- Have you ever been involved in a marriage dissolution?
☐ No ☐ Yes: During or after your SPPS employment. Please provide certified copies of the full court-signed divorce decree(s).
☐ Yes: But, prior to your SPPS employment. No decree required.
- Do you have current, deferred, or refunded retirement service credit with any Minnesota public pension plan: ☐ NONE
 • You must make timely application to each fund if you wish to receive a combined service annuity (CSA) benefit:
☐ Minnesota Teachers Retirement Association (TRA) ☐ Public Employees Retirement Association (PERA) ☐ Minnesota State Retirement System* (MSRS)
 *NOT your Deferred Compensation Account

Section B – Annuity Plan Option (Select only one irrevocable monthly lifetime retirement benefit option.)

For Options C-1, C-2 or C-3 you must provide your birth certificate along with your driver's license OR signed valid passport.

- ☐ **C-1 Member Life Only** – Payable to you for life. All payments cease upon your death.
- ☐ **C-2 Guaranteed Refund** – Payable to you for life with the guarantee that an amount equal to any remaining balance of your accumulated contributions will be payable to your designated beneficiary upon your death. If no designated beneficiary survives you, any remaining balance of accumulated contributions will be paid in a lump sum to your estate.
- ☐ **C-3 15-year Certain** – Payable to you for life. If you die before receiving payments for the 15-year guaranteed period, payments will be made to your designated beneficiary for the remainder of the 15-year period. If no designated beneficiary survives you, any remaining guaranteed payments will be commuted and paid in a lump sum to your estate.

For Options C-4 or C-5 you must be legally married. You must provide your birth certificate along with your driver's license OR signed valid passport; your spouse's birth certificate along with their driver's license OR signed valid passport; and your marriage certificate.

- ☐ **C-4 100% Joint and Survivor** – Payable to you for life. Upon your death, your joint annuitant will receive the same amount of your annuity for life. If your joint annuitant predeceases you, your payments will be increased to the option C-1 Member Life Only annuity amount for the remainder of your life. You must notify us of the joint annuitant's death.
- ☐ **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-1 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 Selection (Select one.)

- Select one of the following types of payment:** ☐ Normal: Payment not changed through acceleration/deceleration.
☐ Accelerated/Decelerated: Payment accelerated (increased) to age 65, then decelerated (decreased) for future payments.

Section D – Beneficiary Designation (for C-2 Option or C-3 Option Only)

In the case of my death after retirement benefits commence, if I have chosen the C-2 or C-3 option, any further benefit payable under the C-2 or C-3 option should be made in equal shares unless otherwise indicated to:

Beneficiary Name(s)	Date of Birth	Address	Relationship

Further designations may be attached on a separate sheet of paper. This designation replaces any previous beneficiary designation. Designations of beneficiary may be updated at a later date by completing a Post-Retirement C-2 C-3 Beneficiary form.

Section E – Spousal Information for C-4 or C-5 Joint & Survivor Options

Spouse Name	Spouse Birth Date	Spouse Social Security #

Section F – Spousal Notification

I hereby affirm that I have been notified by my spouse of the annuity election designated on this form. I further affirm that I understand what this election means for me in the event of my spouse's death, that state law (Minn.Stat. §356.46) requires payment of at least a 50% joint and survivor benefit without my signature, and that **SPTRFA policy** requires spousal signature for **all** benefit options.

Spouse Signature_____
Date**Notary Public:**

Notary Stamp

- OR -

Notary Data

Sworn to before me this _____ day
of _____, 20 _____

_____
County_____
State_____
My Commission Expires_____
Notary Signature**Section G – Member Signature**

I have received and reviewed a description and explanation of my options St. Paul Teachers' Retirement Fund Association (SPTRFA) retirement benefits, including beneficiary and survivor options. I understand my benefit option is irrevocable and my application must be received no later than 90 calendar days from my termination date for retroactive benefits. Retirement payments are based on actual data subject to final audit of my SPTRFA records.

Member Signature_____
Date**Notary Public:**

Notary Stamp

- OR -

Notary Data

Sworn to before me this _____ day
of _____, 20 _____

_____
County_____
State_____
My Commission Expires_____
Notary Signature

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 Agreement

BANK/Financial Institution Name: _____

Routing Number

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☐ **Checking**

☐ **Savings**

Account Number

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It is important to provide the correct Routing Number and Account Number to prevent delays.

Contact your BANK/Financial institution if you are unsure.

SPTRFA payments are electronically deposited on the first business day of the month.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

123

DATE _____

PAY TO THE
ORDER OF _____

\$ _____

_____ DOLLARS

0044072324

**ROUTING
NUMBER**

0000123456789

**ACCOUNT
NUMBER**

0123

**CHECK
NUMBER**

← **DO NOT INCLUDE
CHECK NUMBER**

Required:

↑ Write your Routing Number,
Account Number and type of
account Checking or Savings.

OR

← Attach a blank voided
check here

Note:

Direct deposit is not available in
foreign countries.

I hereby authorize the St. Paul Teachers' Retirement Fund Association (SPTRFA) to electronically transfer to my individual or joint account in a BANK/financial institution with the National Automated Clearinghouse Association my monthly benefit payments. This agreement remains in effect until canceled by me or upon my death. I direct my BANK/financial institution to refund SPTRFA any benefit payments paid that I was not entitled to upon my death. I have notified all joint account holders of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the BANK/financial institution. I understand that if I wish to change BANK/financial institutions or account numbers, I must complete a new Direct Deposit Agreement.

This Direct Deposit Agreement may be completed and signed by a legal representative of the payment recipient. Power of Attorney or Conservatorship documents must be on file with SPTRFA or included with this form.

(PLEASE PRINT)

Last

First

Middle

SOCIAL SECURITY

X X X - X X -

Date _____

Signature _____

Current Address _____

City/State/Zip _____

Phone Number _____

Personal Email _____

If this form is received by the 20th
of the month, your direct deposit
request will take effect at the
beginning of the following month.

If your form is received after the
20th, your direct deposit request
may be delayed one month.

Updated: January 2026

**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

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)	Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Complete the items below. (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here \$ _____
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TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here 3(c) \$ _____ Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here 3 \$ _____
Step 4: Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . 4(a) \$ _____ (b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . 4(c) \$ _____
No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2 <input type="checkbox"/>

Step 5: Sign Here	Your signature (This form is not valid unless you sign it.) _____	Date _____
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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 checking the box in the *No withholding* section. 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, check the box in the *No withholding*

section. 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 she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She 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 he 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, she won't enter that amount on this Form W-4P because she 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 he entered on Form W-4, Step 4(a), he 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). He 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.



Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

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 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.

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 17, if you expect to claim deductions other than the basic standard deduction on your 2026 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 qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

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 when you file your tax return.

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 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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.

Step 4(b)—Deductions Worksheet (Keep for your records.)

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Additional standard deduction. If you (or your spouse) are 65 or older.	
Enter:	$\left\{ \begin{array}{l} \bullet \$2,050 \text{ if you're single or head of household} \\ \bullet \$1,650 \text{ if you're married filing separately} \\ \bullet \$1,650 \text{ if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65} \\ \bullet \$3,300 \text{ if you're married filing jointly and both of you are age 65 or older} \end{array} \right\}$	12 \$ _____
13	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$ _____
14	Add lines 12 and 13. Enter the result here	14 \$ _____
15	Add lines 11 and 14. Enter the result here	15 \$ _____
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$ _____
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$ _____



2026 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 Number
Permanent Address		Claim or Identification Number (if any) of your Account or Contract
City	State	ZIP Code

Note: The 2026 Minnesota Individual Income Tax rates and brackets are provided in the instructions on page 2 of the instructions.

Withholding election for periodic payments:

- ☐ Default rate of 6.25%
- ☐ No withholding
- ☐ 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): _____

Sign here. Give the completed form to your plan administrator, financial institution, or other payer responsible for making your distributions.

I certify that all information provided is correct.

Pension or Annuity Recipient Signature	Date	Daytime Phone Number
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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 IRA
- 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 2026 Minnesota Individual Income Tax rates and brackets.

Rate	Married Filing Jointly		Married Filing Separately		Head of Household		Single	
-	Minnesota taxable income more than	But not more than	Minnesota taxable income more than	But not more than	Minnesota taxable income more than	But not more than	Minnesota taxable income more than	But not more than
5.35%	\$0	\$48,699	\$0	\$24,349	\$0	\$41,009	\$0	\$33,309
6.80%	\$48,699	\$193,480	\$24,349	\$96,740	\$41,009	\$164,800	\$33,309	\$109,430
7.85%	\$193,480	\$337,930	\$96,740	\$168,965	\$164,800	\$270,060	\$109,430	\$203,150
9.85%	\$337,930	-	\$168,965	-	\$270,060	-	\$203,150	-

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 _____

State _____ Zip _____

Phone (H) _____

(C) _____

Email _____

\$10 _____ Two-year or

\$50 _____ Lifetime membership

Please send your application and check to:

Membership Treasurer

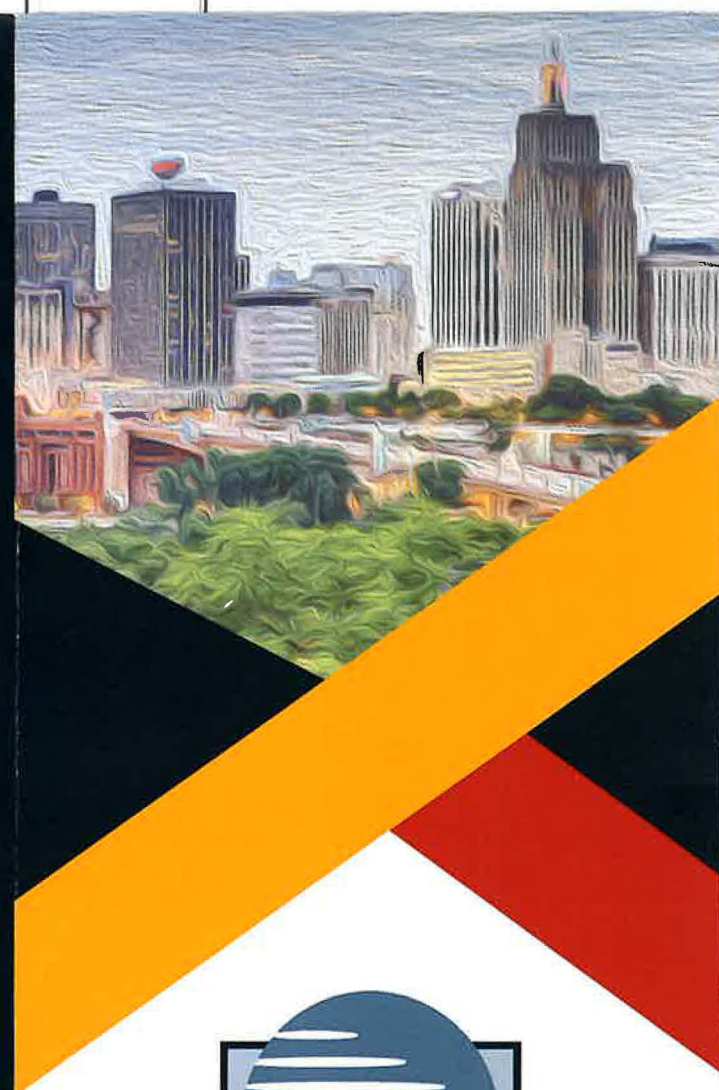
PO Box 4236

1430 Concordia Ave

Saint Paul, MN 55104

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

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



Saint Paul 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.



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 spirti@hotmail.com.

Membership

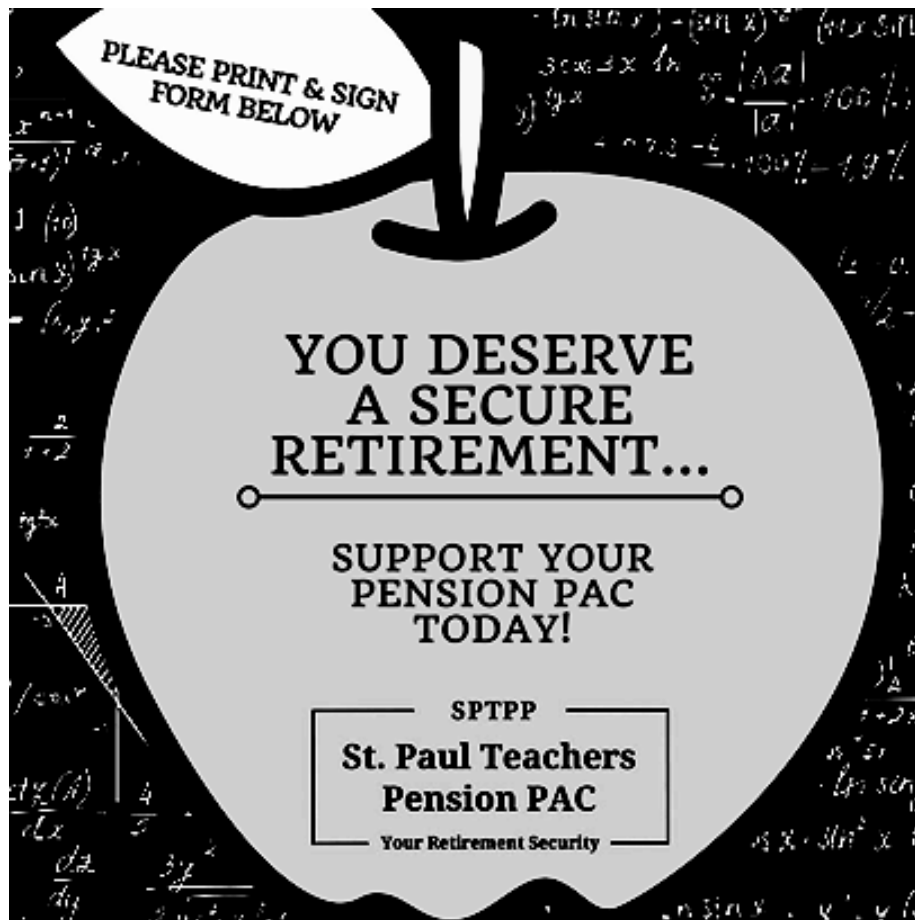
Lifetime \$50.00
2-Year \$10.00

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



We thank you and ask for your support.

Saint Paul Teachers Pension PAC Members: : **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 Outcalt**, retired; **Teresa Vibar**, Vice Chair, Principal, Hidden River; **Phillip Tencick**, SPTPFA Consultant

St. Paul Teachers Pension PAC Deduction Authorization
Retired Teachers

SSN xxx-xx- _____ (last 4 digits)

I hereby request and authorize **St. Paul Teachers' Retirement Association** to deduct the sum listed below each month from my retirement check, and to forward that amount to the **St. Paul Teachers Pension PAC**.

This authorization is signed freely and voluntarily and not out of any fear of reprisal and on the understanding that the **St. Paul Teachers Pension PAC** will use the money contributed to pay for a legislative counsel and to make political contributions and expenditures in connection with Federal, State, and local elections. This voluntary authorization may be revoked or changed at any time by the undersigned.

☐ \$2 ☐ \$3 ☐ \$4 ☐ \$5 ☐ \$8 ☐ \$10 ☐ OTHER \$ _____

Signature _____

Print Name _____

Date _____

Occasionally we receive payroll deduction forms that unintentionally reduce a previously submitted election. In order to avoid an unintended negative impact to St. Paul Teachers Pension PAC, we will only reduce your prior election if you place your initials here _____.
If this space is left blank, any previously submitted, higher deduction will remain in effect.

Please return to: St. Paul Teachers Pension PAC*PO Box 40061*Saint Paul MN 55104-8061

Contributions to St. Paul Teachers Pension PAC are not deductible as charitable contributions for federal and state income tax purposes