



Employee Request for Name Change

Revised 9/10/18
Form Owner: Human Resources

USER INSTRUCTIONS

Form Purpose: Use this form to report a name change.

How to Complete this Form: Fill out this form online—it is a “fillable” MS Word document, which you can save to your computer. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit the signed form on paper.

Where to submit this Form: Submit a hard copy to the Human Resources Department, 200 N. Monroe Street, Eugene, OR 97402. Additional documentation is required—see Required Documentation Section below. This packet contains the following forms:

- Employee Request for Name Change Form
- [W-4 Form](#)
- [Direct Deposit Form](#)
- Employee Request for Address Change Form
- [PERS Beneficiary Form](#)
- [PERS Payee Change Request](#)
- [Insurance Change Form](#)

PREVIOUS NAME – Fill Out Completely

Previous Last Name	Previous First Name	Previous Middle Name	Previous Preferred Name
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NEW NAME – Fill Out Completely

New Last Name	New First Name	New Middle Name	New Preferred Name
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REQUIRED DOCUMENTATION – These items are required for first or last name change but not preferred name changes.

- Completed Employee Request for Name Change Form
- Social Security Card with new name must be presented before change can be made.
- W-4

OPTIONAL DOCUMENTATION – These items are optional, depending on your situation.

- Employee Request for Address Change Form
- PERS Beneficiary Form (completed form to be sent directly to PERS)
- PERS Payee Change Request (completed form to be sent directly to PERS)
- Insurance Change Form
- Direct Deposit Form
- Marriage License/Divorce Decree or Court Document for PERS and Insurance Changes (if applicable)
- Birth Certificates of new dependents (if you wish to add them to your insurance).

IMPORTANT INFORMATION – Please read.

Employee is responsible for contacting the following to make changes:

-Public Employees Retirement System (PERS): 1-888-320-7377

-To change your 4J email address, use your 4J email account to send an email to nethelp@4j.lane.edu asking them to update your address to your new name.

Bring your completed forms to: Human Resources, 200 North Monroe Street, Eugene, OR 97402

SIGNATURE

Employee Signature

Employee #

Date



Employee Request for Address and/or Telephone Number Change

Revised 6/28/18
Form Owner: Human Resources

USER INSTRUCTIONS

Form Purpose: Use this form to report a change of address and/or phone number.

How to Complete this Form: Fill out this form online—it is a “fillable” MS Word document, which you can save to your computer. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit the signed form on paper.

Where to submit this Form: Submit a hard copy to the Human Resources Department, 200 N. Monroe Street, Eugene, OR 97402.

NAME – Fill Out Completely

Last Name	First Name	Middle Name	Employee #
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ADDRESS CHANGE – Fill Out Completely (if applicable)

New Street Address	New City	New State	New Zip
Previous Street Address	Previous City	Previous State	Previous Zip

TELEPHONE NUMBER CHANGE – Fill Out Completely (if applicable)

New Telephone Number (541) 999-9999 () -	Previous Telephone Number (541) 999-9999 () -
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SIGNATURE

_____	_____
Employee Signature	Date

Please bring or mail your completed form to: Human Resources, 200 North Monroe Street, Eugene, OR 97402



Eugene
School
District 4J

Direct Deposit Payroll Authorization

Revised 1/07/2011
Form Owner: Financial Services
Form Location:

http://www.4j.lane.edu/files/forms/finsvc/4j_finsvc_direct_deposit.pdf

USER INSTRUCTIONS

Form Purpose: Use this form to authorize the School District to pay you through the Payroll Depository Plan rather than by check. Each payday the net pay is deposited by the School District into the bank account indicated on this form.

How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit a hard copy of this form.

Where to Send this Form: Return a hard copy of this form to Financial Services-Payroll.

Deadline: Completed forms received in Financial Services by the 15th of the month will be processed in the current month.

Additional Information: Your next salary payment after Payroll processes this form will be an actual check. It will be mailed to your home address the day before pay day. Pay day is the last business day of the month. Subsequent salary payments will be deposited directly into your bank account. An online Direct Deposit Statement will be available the day prior to pay day each month. Information on how to access your statement will be emailed out each month once the statements are available.

ACCOUNT INFORMATION – Type or Print name exactly as it appears on your bank account.

Employee Name: _____ Employee Number: _____

Name of Bank: _____

Bank Routing Number: _____ Bank Account Number: _____

Type of Account: Checking Savings

PLEASE ATTACH A VOIDED CHECK HERE

JOHN SMITH	Bank Name	12345
1234 Any Street	Bank Phone #	96-7446/3232
Anytown, OR 97401		
Pay to the	Date _____	
Order of _____	\$ _____	
	Dollars	
For _____		
① 323274461 ② 000001234509 ③ 12345		

Routing Number ←

→ Bank Account Number

CANCEL DIRECT DEPOSIT

I would like to **CANCEL** my Direct Deposit (Please check box to authorize cancellation of direct deposit.)

AUTHORIZATION

This Authorization will remain in effect until you have cancelled it in writing or upon rejection of a deposit by the bank because the account is closed.

District 4J Employee Signature: _____

Date: _____

FINANCIAL SERVICE USE ONLY

2020 Form OR-W-4

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Oregon Department of Revenue



Office use only

Oregon Withholding

Important information

Complete Form OR-W-4 if:

- You filed a federal Form W-4 with your employer after December 31, 2017 and you didn't file Form OR-W-4 or specify a different number of allowances for Oregon.
You weren't satisfied with your prior year Oregon tax-to-pay or refund amount.
You've had a recent personal or financial change that may affect your tax situation, such as a change in your income, filing status, or number of dependents.

- Are you making mid-year changes to your withholding?
Do you receive pension or annuity payments?
Are you a part-year resident, nonresident, or nonresident alien?



If you answered yes to any of these questions, read the "Specific information" section in the instructions before filling out the corresponding worksheets or Form OR-W-4. The online Oregon Withholding Calculator at www.oregon.gov/ dor may provide more accurate results. If you use the online calculator, you don't need to complete the corresponding worksheets.

Specific information to consider:

- Do you (including your spouse) have more than one job?
Do you expect your wages or adjusted gross income (AGI) on your 2020 return to be more than \$100,000 (or \$200,000 if filing using the married filing jointly or qualified widow(er) filing status)?

Otherwise, read the instructions and complete all applicable worksheets before filling out the Form OR-W-4 and giving it to your employer.

Separate here and give Form OR-W-4 to your employer. Keep the worksheets for your records.

Form OR-W-4 Oregon Employee's Withholding Statement and Exemption Certificate 2020

Form fields: First name, Initial, Last name, Social Security number (SSN), Redetermination, Address, City, State, ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- 1. Select one: Single Married Married, but withholding at the higher single rate. Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.
2. Allowances. Total number of allowances you're claiming on line A4, B15, or C5. If you meet a qualification to skip the worksheets and you aren't exempt, enter -0-
3. Additional amount, if any, you want withheld from each paycheck
4. Exemption from withholding. I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete both lines below:
Enter the corresponding exemption code. (See instructions)
Write "Exempt"

Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.) Date

Employer use only. Employer's name, Federal employer identification number (FEIN), Employer's address, City, State, ZIP code

—Provide this form to your employer—

2020 Form OR-W-4

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Oregon Department of Revenue



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Oregon Withholding

Worksheet A—Personal allowances

Worksheet A—Personal allowances

- A1. Enter "1" for yourself if no one else can claim you as a dependent. Otherwise, enter -0-..... A1.
- A2. Enter "1" for your spouse if your spouse doesn't work. Otherwise, enter -0-..... A2.
- A3. Enter the number of dependents you will claim on your Oregon tax return..... A3.
- A4. Add lines A1 through A3. Enter the result here and follow the instructions below..... A4.



Complete all worksheets that apply.

- Worksheet B—Use this worksheet if you plan to do any of the following on your 2020 Oregon return:
 - o Itemize your Oregon deductions or claim additional standard deduction amounts.
 - o Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
 - o Report nonwage income (such as dividends, interest, or self-employment income).
- Worksheet C—Use this worksheet if you (including your spouse) have more than one job and the combined earnings from all jobs exceed \$20,000.

If neither of the above worksheets apply, stop here and enter the number from line A4 on Form OR-W-4, line 2.

2020 Form OR-W-4

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Oregon Withholding

Worksheet B—Deductions, adjustments, credits, and nonwage income

Worksheet B—Deductions, adjustments, credits, and nonwage income



Use this worksheet if you plan to do any of the following on your 2020 Oregon return:

- Itemize your Oregon deductions or claim additional standard deduction amounts.
- Claim federal adjustments to income or Oregon additions, subtractions, or credits (other than personal exemption credits).
- Report nonwage income (such as dividends, interest, or self-employment income).

Having your prior year's Oregon tax return on hand may help you when completing this worksheet.

Don't list numbers as negative unless instructed. For example, write a \$1,000 Oregon subtraction as "\$1,000", not "(\$1,000)".

B1. Enter your estimated 2020 nonwage income (such as dividends or interest)B1.

B2. Enter your estimated 2020 Oregon additionsB2.

B3. Add lines B1 and B2B3.

B4. Enter your estimated 2020 Oregon deductions. (See instructions).....B4.

B5. Enter the standard deduction based on your anticipated 2020 filing status:B5.

- Single or Married Filing Separately: \$2,315.
- Head of Household: \$3,725.
- Married Filing Jointly or Qualifying Widow(er): \$4,630.

B6. Line B4 minus line B5. If the result is zero or less, enter -0-B6.

B7. Enter your estimated 2020 federal adjustments to income and Oregon subtractions
(exception—don't include the federal tax subtraction).....B7.

B8. Add lines B6 and B7B8.

B9. Line B8 minus line B3. If less than zero, enter as a negative amountB9.

B10. Line B9 divided by \$2,800. Round to one decimal place. If less than zero,
enter as a negative amount.....B10.

B11. Enter your estimated 2020 Oregon standard, carryforward, or refundable
credits (exception—don't include personal exemption credits).....B11.

B12. Divide line B11 by \$210. Round to one decimal placeB12.

B13. Add lines B10 and B12. If less than zero, enter as a negative amount. Round to
the whole number closest to zero by eliminating the decimal valueB13.

B14. Enter the number from Worksheet A, line A4B14.

B15. Add lines B13 and B14. If zero or less, enter -0-. (See instructions).....B15.

If you plan to use Worksheet C, also enter the result from line B15 on Worksheet C, line C1.
Otherwise, stop here and enter the result from line B15 on Form OR-W-4, line 2.

2020 Form OR-W-4

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Oregon Department of Revenue



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Oregon Withholding

Worksheet C—Two-earners / multiple jobs

Worksheet C—Two-earners / multiple jobs



If you (including your spouse) have three or more jobs, consider using the Oregon Withholding Calculator at www.oregon.gov/dor for a more accurate calculation of allowances.

If you don't use the online calculator, use this worksheet to estimate the number of allowances to claim on your highest paying job. Allowances should only be claimed for your highest paying job. Claim zero allowances on Form OR-W-4, line 2 for all of your (or your spouse's) other jobs to prevent underwithholding.

Only complete this worksheet if you (including your spouse) have more than one job and the combined earnings from all jobs exceed \$20,000.

C1. Enter the number from Worksheet B, line B15, if used. Otherwise, enter the number from Worksheet A, line A4..... C1.

C2. Enter the number below based on your 2020 anticipated filing status C2.
• Single, Head of Household, or Married Filing Separately: Enter "2"; however, if two of your jobs individually exceed \$40,000, enter "4".
• Married Filing Jointly or Qualifying Widow(er): Enter "3"; however, if two of your jobs individually exceed \$50,000, enter "6".

C3. If you (including your spouse) will have three or more jobs at any point during the year, enter the number below based on your 2020 anticipated filing status. Otherwise, enter -0-..... C3.
• Single, Head of Household, or Married Filing Separately: Enter "2".
• Married Filing Jointly or Qualifying Widow(er): Enter "3".

C4. Add lines C2 and C3 C4.

C5. Is line C1 less than line C4?
• Yes. Enter -0- on line C5 and on Form OR-W-4, line 2. Complete lines C6 through C8 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
• No. Line C1 minus line C4. Enter the result on line C5 (if zero, enter -0-) and on Form OR-W-4, line 2. Don't complete the rest of this worksheet..... C5.

C6. Line C4 minus line C1 C6.

C7. Line C6 multiplied by \$210 C7.

C8. Line C7 divided by the number of paychecks remaining in 2020 for the highest paying job and rounded to the nearest dollar. Enter the result here and on Form OR-W-4, line 3. This is the additional amount to be withheld from each paycheck..... C8.

General information

What is Oregon income tax withholding?

Oregon income tax withholding refers to the amount of Oregon personal income taxes that are withheld from your paychecks to cover your anticipated Oregon tax liability for the year. By law, your employer must withhold a portion of your wages based on your allowances and send the funds to the Department of Revenue.

How is the amount of Oregon income tax withholding determined?

You report your marital status, withholding allowances, and any additional amount you want withheld to your employer by completing Form OR-W-4. This information, along with Publication 150-206-436, Oregon Withholding Tax Formulas, which estimates the tax due on your wages, is used by your employer to withhold a specific amount per pay period.

If you have too much tax withheld, you may have a refund when you file your tax return. If you have too little tax withheld, you may owe tax when you file your tax return, including penalty and interest. See Publication OR-17 for penalty and interest information.

Why has Oregon created Form OR-W-4?

In prior years, Oregon employees were able to use the federal Form W-4 to determine and claim Oregon withholding. However, due to federal tax law and form changes, the federal form no longer calculates Oregon withholding correctly. Form(s) W-4 that are submitted to your employer after January 1, 2020 can't be used to calculate Oregon withholding. Instead, use Form OR-W-4 to help you calculate allowances for Oregon income tax withholding.

Form OR-W-4 is designed to estimate the amount of tax you'll need to have withheld for Oregon. Your 2020 tax return may still result in a tax due or refund. For a more accurate calculation, use the Oregon Withholding Calculator at www.oregon.gov/dor to calculate your allowances for Oregon.

How often do I need to complete Form OR-W-4?

Complete a new Form OR-W-4 when you start a new job and whenever you have a change in your personal or financial situation that affects your tax situation. This includes changes in your income, marital status, and number of dependents.

What will happen if I don't complete Form OR-W-4?

Your employer will refer to the most recently submitted version of Form OR-W-4 or Form W-4 when determining withholding. If you don't complete Form OR-W-4, your employer will withhold for Oregon based upon the following order:

- An Oregon-only version of the federal Form W-4 for a year prior to 2020.
- Federal Form W-4 for a year prior to 2020.
- Eight percent of your wages or other income requiring withholding.

Specific information

Two-earners or multiple jobs. If you and your spouse work or if you have more than one job, complete the following steps on the Form OR-W-4 for the highest paying job only:

- Enter the allowances from Worksheet C, line C5 on Form OR-W-4, line 2.
- Enter the additional per-period amount to withhold, if any, from Worksheet C, line C8 on Form OR-W-4, line 3.

For all other (lower-paying) jobs, skip the worksheets and claim -0- allowances on Form OR-W-4 line 2, and -0- additional amount to be withheld on line 3.

If you (including your spouse) have more than two jobs, use the online calculator for more accurate results.

Wages or adjusted gross income (AGI) that exceed the threshold. Do you expect to have wages or AGI on your 2020 return that are more than \$100,000 (or \$200,000 if using the married filing jointly or the qualifying widow(er) filing status)? Consider using the online calculator to determine the correct amounts to claim on your Form OR-W-4. Otherwise, skip the worksheets. Check the appropriate box on line 1 for your marital status and enter -0- on line 2. You may owe additional tax when you file your return.

Helpful tip: AGI. Your AGI is your total income minus federal adjustments to income. The amount on your 2019 federal Form 1040, line 7, may help you estimate your 2020 AGI.

Mid-year changes. If you're changing your allowances part-way through the year and you claimed too many allowances for the first part of the year, use the online calculator to determine the additional amount you need withheld to make up for the shortage you had during the first part of the year. Otherwise, you may owe tax, penalties, and interest when you file your return. See Publication OR-17 for penalty and interest information.

Pension or annuity payments. Form OR-W-4 can be used to designate the amount of withholding on your pension or annuity payments. Generally, whenever Form OR-W-4 or the instructions refer to jobs or wages, substitute these terms with "pension or annuity" or "pension or annuity payment."

If you've opted out of federal withholding, you're automatically opted out from Oregon withholding also. See Publication OR-ESTIMATE to determine the amount of estimated tax payments you need to make.

If you elect to have Oregon withholding and your pension or annuity payment is required to be withheld at a certain percentage, you aren't able to claim allowances on Form OR-W-4, line 2. However, you're able to claim additional withholding on Form OR-W-4, line 3 in addition to the percentage. If your withholding isn't required to be withheld at a certain percentage, you're able to claim amounts on Form OR-W-4, lines 2 and 3.

Exemption from withholding. If you're exempt from withholding, skip the worksheets. Complete line 4 and sign Form OR-W-4. For wages, the exemption ends on February 15th of the year following the election. For commercial annuities, employer deferred compensation plans, and individual retirement plans the exemption ends once revoked. See additional instructions for line 4 on page 2.

Part-year and nonresidents. If you're a part-year or nonresident of Oregon, complete the applicable worksheets based on amounts that will be included in the Oregon column of your Oregon return.

Nonresident alien. If all or a portion of your wages are exempt from federal withholding, these wages are also completely or partially exempt from Oregon withholding. Submit federal Form 8233 to your employer to exempt all or part of your wages.

If any portion of your wages are not exempt, submit Form OR-W-4 to your employer. As a nonresident alien, you don't qualify to claim certain items on your Oregon return. Follow the instructions below when completing Form OR-W-4:

- Line 1. Check the "single" box regardless of your marital status.
- Line 2. Usually, you should claim -0- withholding allowances. However, if you complete the worksheets, follow the instructions below.
 - Complete Worksheet B using amounts that will be listed on your Oregon return.
 - Once you have completed all applicable worksheets, subtract 1 allowance from the amount listed on lines A4, B15, or C5.
- Line 4. Don't claim exempt for having no tax liability or for the portion of your wages exempted under federal Form 8233.

Form OR-W-4 line instructions

Type or clearly print your name, Social Security number (SSN), and mailing address.

Note. You must enter an SSN. You can't use an individual taxpayer identification number (ITIN).

Redetermination check box. If the department issued a determination letter to your employer specifying the amount your employer needs to withhold from your wages and you want to lower your withholding, you must have a personal or financial change affecting your tax situation. If you do, mark the "Redetermination" check box. Provide a copy to your employer and send a copy with all of the applicable worksheets filled out to the department at:

ADP OR-W-4 Project
Oregon Department of Revenue
PO Box 14560
Salem, OR 97309

Line 1. If you anticipate using the single, married filing separately, or head of household filing status when you file your 2020 return, mark "Single."

If you anticipate using the married filing jointly, or qualifying widow(er) filing status when you file your 2020 return, mark "Married." If you meet the married filing jointly qualifications, but want to withhold at the higher "single" rate, mark "Married, but withholding at the higher single rate."

For the qualifications of each filing status, see federal Publication 501, Exemptions, Standard Deduction, and Filing Information.

Line 2. Complete all applicable worksheets. Use the allowances from Worksheet A, line A4, Worksheet B, line B15, or Worksheet C, line C5.

Line 3. If you choose to have an additional amount withheld from your pay, enter the amount that you want withheld from each paycheck. If you completed Worksheet C, line C8 may direct you to claim an additional amount per paycheck.

Line 4. If you're claiming exemption from withholding, you must meet one of the below requirements:

- Your wages must be exempt from Oregon taxation, or
- You must meet the qualification for having no tax liability.

To claim exemption due to no tax liability, you must meet both of the following conditions:

- Last year you had the right to a refund of all Oregon tax withheld because you had no tax liability, and
- This year you expect a refund of all Oregon income tax withheld because you expect to have no tax liability.

To claim exempt, enter the corresponding code from the following Exemption chart on line 4a. Only enter one exemption code. Also write "Exempt" on line 4b.

Note: For wages, exemptions end February 15th of the year following the election.

Exemption chart

Exemption Code

Air carrier employee	A
American Indian enrolled tribal member living and working in Indian country in Oregon.	B
Amtrak Act worker	C
Casual laborer	D
Domestic service worker	E
Hydroelectric dam worker at the Bonneville, John Day, McNary, or The Dalles dams.	F
Military pay for nonresidents stationed in Oregon and their spouses, residents stationed outside Oregon, and service members whose Defense Finance and Accounting Services (DFAS) address is outside Oregon.	G
Minister who is duly ordained, commissioned, or licensed and performing duties in their ministry or a member of a religious order performing duties required by their order.	H
Real estate salesperson under a written contract not to be treated as an employee.	J
Waterway worker	K
No tax liability. See above for definition.	L
Nonresident who expects a refund of all Oregon income tax withheld because their wages won't be subject to Oregon tax.	M

Sign and date Form OR-W-4. Submit Form OR-W-4 (page 1) to your employer. Don't complete the employer's name, FEIN, and address boxes. Your employer will complete these. Keep the worksheets (pages 2-4) with your tax records.

Note: You may be assessed a penalty of \$500 if you file an erroneous withholding statement where there was no reasonable basis for the instruction to the employer.

Worksheet instructions

Worksheet A—Personal allowances

Line A3. Dependents. List the total of all qualifying children and qualifying relatives you are able to claim as a dependent on your Oregon return. See the "Exemption credit" section of Publication OR-17 for qualifications.

Worksheet B—Deductions, adjustments, credits, and nonwage income

Line B1. If you have large amounts of nonwage income, such as interest, dividends, or self-employment income, consider making estimated tax payments using Publication OR-ESTIMATE. Otherwise, you may owe additional tax.

Line B2. Additions are items the federal government doesn't tax but Oregon does. See Publication OR-17 for a list of additions and instructions.

Line B4. Enter your anticipated 2020 Oregon deductions. If you don't know your anticipated 2020 deductions, enter the standard deduction for your anticipated filing status.

The 2020 standard deduction for each filing status is:

- \$2,315 for single or married filing separately.
- \$3,725 for head of household.
- \$4,630 for married filing jointly or qualifying widow(er).

If you qualify for an additional standard deduction amount because you or your spouse are age 65 or older or blind, and you don't plan to itemize your deductions, enter your total estimated standard deduction amount for 2020.

Itemized deductions include items such as medical expenses in excess of 10% of your adjusted gross income, state and local taxes (limited to \$10,000, and excluding Oregon income taxes), qualifying home mortgage interest, charitable contributions, and certain miscellaneous deductions. If you plan to itemize your deductions, enter your estimated Oregon itemized deductions. See Schedule OR-A for additional information.

Line B7. Adjustments to income are claimed on your federal return and reduce your federal taxable income. See federal Form 1040 instructions for details on claiming adjustments to income on your federal return and see Publication OR-17 for details on claiming these items on your Oregon return.

Subtractions are items the federal government taxes but Oregon doesn't. See Publication OR-17 for a list of subtractions and instructions. Don't include your federal tax subtraction.

Line B10. Divide line B9 by \$2,800. Round to one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from line B9 into allowances.

Line B11. Credits reduce the amount of tax you must pay. Standard and carryforward credits can reduce your tax down to zero but can't be refunded to you. However, refundable credits can reduce your tax down to zero and also result in a refund of any remaining amount. See Publication OR-17 for a list of credits and instructions.

Enter an estimate of the credits you will claim on your 2020 Oregon return. Don't include your exemption credits.

Line B12. Divide line B11 by \$210. Round using one decimal place. For example, round 4.84 to 4.8 and 4.85 to 4.9. This calculation converts the amount from B11 into allowances.

Line B13. Add lines B10 and B12. Round to the nearest whole number closest to zero by eliminating the decimal value. For example, round 4.3 or 4.8 to 4 and round -3.3 or -3.7 to -3.

Example 1. Roger entered -3.1 on line B10. He entered 2.4 on line B12. He will enter -0- on line B13 (-3.1 + 2.4 = -0.7, which is rounded to -0-).

Line B15. If the result on line B15 is less than zero, consider making quarterly estimated tax payments to avoid a tax liability and penalties and interest when you file your return. See Publication OR-ESTIMATE for information on how to make quarterly estimated payments.

Worksheet C—Two earners/ multiple jobs

Line C5. For your highest paying job, enter the result of Worksheet C, line C5 on Form OR-W-4, line 2. For all of your lower paying jobs, claim zero allowances.

Line C8. For your highest paying job, enter the result of Worksheet C, line C8 on Form OR-W-4, line 3. Round to the nearest whole dollar. For all of your lower paying jobs, claim zero as the additional amount to have withheld.

Example 2. Todd is completing this form in January and has entered \$824 on line C7. For his highest paying job, he is paid every two weeks and has 25 paychecks left for the year. Todd will enter \$33 on line C8 and Form OR-W-4, line 3 ($\$824 \div 25 = \32.96 , which is rounded up to the nearest whole dollar).

Employer instructions

Enter the business name, federal employer identification number (FEIN), and address. Keep this form with your records.

For additional information and instructions regarding Form OR-W-4, see Publication 150-211-602, W-4 Information for Employers.

Additional resources

For additional information, refer to the following publications:

- Publication 150-206-436, Oregon Withholding Tax Formulas.
- Publication OR-17, Oregon Individual Income Tax Guide.
- Publication OR-ESTIMATE, Instructions for Estimated Income Tax.
- Publication 150-211-602, W-4 Information for Employers.
- Federal Pub. 501, Exemptions, Standard Deduction, and Filing Information.
- Federal Form 2833, Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual.
- Federal Form 1040 Instructions.

Do you have questions or need help?

www.oregon.gov/dor
(503) 378-4988 or (800) 356-4222
questions.dor@oregon.gov

Contact us for ADA accommodations or assistance in other languages.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		Date
	Employee's signature (This form is not valid unless you sign it.)		

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

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 (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck 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 income from any jobs or self-employment. 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 paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions 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 your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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. 1 \$
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 Code 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free - 888-320-7377 fax - 503-598-0561
Website - <http://oregon.gov/pers>

IAP: Pre-Retirement Designation of Beneficiary Packet

Important: Read instructions before you complete and submit the enclosed forms.

You must fill out a beneficiary form for the Individual Account Program (IAP) even if you have already submitted a PERS Tier One or Tier Two Pre-Retirement Beneficiary form.

Determining which form to complete

If you are married, or there exists at the time of death any other person who is constitutionally required to be treated in the same manner as a spouse for the purpose of retirement benefits, you must fill out the IAP Pre-Retirement Designation of Beneficiary: Married Applicant form.

If you are single, you must fill out the IAP Pre-Retirement Designation of Beneficiary: Single Applicant form.

General instructions

- Type or print clearly in dark ink. Illegible forms are void and will be returned to you.
- Do not change anything on the form; alterations will void the form.
- Make sure any form requiring a notary is notarized.
- Fill out **only** the form that applies to your situation.
- Read the specific instructions for each form. You will find instructions for the IAP Pre-Retirement Designation of Beneficiary: Married Applicant form on pages 2, 3, and 4. Instructions for the IAP Pre-Retirement Designation of Beneficiary: Single Applicant form is on page 6.

Things to consider

- **It is important that you file a separate Designation of Beneficiary form with PERS for your IAP account.** If you die before retirement and there is no IAP Designation of Beneficiary form on file, distribution of your IAP account will be in accordance with statute: your surviving spouse or other person who is constitutionally required to be treated in the same manner as a spouse, your surviving children, and your estate.
- If your designated beneficiary predeceases you, any IAP death benefits that might be due and payable will be distributed in accordance with statute.

Instructions for IAP Pre-Retirement Designation of Beneficiary: Married Applicant

- Your IAP account must be paid to your spouse unless your spouse consents to a different beneficiary.
- If you want to designate someone other than your spouse, your spouse must sign a notarized consent.
- Your spouse can revoke this consent up to the time of your death. To revoke spousal consent, your spouse must complete and submit the IAP: Revocation of Spousal Consent of Beneficiary Designation form. You will find this form on the PERS website (<http://oregon.gov/pers>), or contact PERS Customer Service at 503-598-7377 or toll free at 888-320-7377. Once PERS accepts and approves the revocation form, your spouse will be considered the beneficiary unless you file another valid change of beneficiary form, with your spouse's consent, with PERS.
- If you name your spouse as beneficiary and you get divorced, your spouse will be deemed as having predeceased you unless you or a court order expressly designates your former spouse to continue as beneficiary after the effective date of your divorce. This means that your former spouse is no longer your beneficiary unless otherwise provided by you or a court order.
- In the event of your death, any pre-retirement death benefit will be paid to the designated beneficiary indicated on the most recent valid IAP Designation of Beneficiary form PERS has on file.

Important reminder

You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.

Section A: Applicant information

Fill in the member information section completely.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

If you do not know your PERS ID, leave the space provided blank.

Please provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

If you have an IAP and/or an Alternate payee account You need to fill out a separate form for each account.

Section B: Spousal designation

Fill out **EITHER** the spousal designation (Section B) **OR** the beneficiary designation. (Section C)

Your beneficiary must be your spouse unless your spouse consents to a different beneficiary. Check the **acknowledgment box** if your spouse is your beneficiary.

You must fill in your spouse's name. Use his/her **full given name** (e.g., Mary A. Jenkins, not Mrs. Robert Jenkins). A designation without your spouse's name is void and will be returned to you.

Your spouse must sign and date this form in front of a notary if you designate a different beneficiary in Section C, D, or E.

Sign and date the statement in Section G at the bottom of page 5, and mail the form to PERS. **You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.**

Section C: Beneficiary designation

Do not complete this option if your spouse is your beneficiary and you have completed Section B.

- If your spouse consents to another beneficiary, check the **consent box** in this section.

Check the appropriate box to let us know if you want to use the standard beneficiary designation or to name a specific beneficiary.

When you choose the standard designation, you **do not** name any specific person. Instead, your beneficiary selection follows the order described in law.

The standard designation directs PERS to pay benefits in the order listed below:

- 1) To your spouse if you are legally married at the time of your death. If you are not, then to
- 2) your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at your death. If all of your children predecease you, their equal shares will be paid to their children. If there is no one in this group, then
- 3) to your mother and father in equal shares. If one of them predecease you, his/her share is paid to the other parent. If both parents predecease you, then
- 4) to your brothers and sisters in equal shares. If any one of them predecease you, their share will be paid to that sibling's children equally. If all of your brothers and sisters predecease you, all of their children will share equally. If there is no one in this group, then
- 5) payment will be made to your estate.

*Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

The standard beneficiary is only available for Option 1 (and applies only if you die before the date the first payment is due), Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum Option.

If you elect to name specific beneficiaries, you must list each beneficiary, your relationship to the beneficiary, and the percentage of your benefit you want to go to each person or entity you named. See Appendix C, [page 29](#), of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* for an example of "specific retiree designation of beneficiary."

Page 2 of 2 If you have more than three beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional

Section D: Estate designation

Check the box to indicate you want to designate your estate as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the name of the personal representative of your estate and the address in the spaces provided.

Section E: Trust designation

Check the box to indicate you want to designate a trust as the beneficiary. Your spouse must consent to this designation. Check the **consent box** in this section. Enter the legal name of the trust, the address, and the date the trust was established in the spaces provided.

Section F: Spousal consent, signature, and notary

If your spouse has consented to another beneficiary and you have designated a beneficiary in Section C, D, E, your spouse must sign the form in front of a notary.

Important: If you have a complex beneficiary situation, you may want to consult an estate planning attorney.

Section G: Applicant statement (required)

Your signature is required. Sign and date in the space provided. **You must sign this form. If you do not, your beneficiary designation is void. The form will be rejected and returned to you.**



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free - 888-320-7377 fax - 503-598-0561
 Website - http://oregon.gov/pers



12208

IAP Pre-Retirement Designation of Beneficiary: Married Applicant

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you, which could delay your request.)

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City			State	ZIP code	Country
Home phone number	Work phone number	Cell phone number		Email	

Section B: Spousal designation (Do not fill this out if you complete Section C.)

A married applicant's account(s) must be paid to the spouse unless the spouse consents to a change of beneficiary. Notarized spousal consent is required to designate a beneficiary other than the spouse.

Acknowledgment box: I acknowledge my beneficiary is my spouse. (If this box is checked, your spouse's signature is not needed.)

Spouse's name (required): _____

Section C: beneficiary designation (Do not fill this out if you completed Section B.)

Consent box: My spouse consents to the following specific beneficiary designations. (See page 2 for complete instructions.)

I elect to use the **standard** beneficiary designation. **Do not** list specific beneficiary name(s) in the table below.
 I elect to use the **specific** designation of beneficiary.

If you designate specific beneficiaries you must include the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. Add additional beneficiaries on a separate sheet of paper.

How many beneficiaries do you want to designate? _____

Specific beneficiary #1 Primary beneficiary If living; otherwise, to #1 alternate beneficiary(ies).

#1	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #1 specific beneficiary is deceased.)

#1a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

#1b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #2 Primary beneficiary If living; otherwise, to #2 alternate beneficiary(ies).

#2	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #2 specific beneficiary is deceased.)

#2a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

#2b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #3 Primary beneficiary If living; otherwise, to #3 alternate beneficiary(ies).

#3	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____

(Benefit will go to those named below if #3 specific beneficiary is deceased.)

#3a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

#3b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766. Form #459-469 (9/18/2017) SL3 IIM Code: 12208

First name	MI	Last name	Social Security number
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Section D: Estate designation

- I designate my estate as my beneficiary. Estates must receive 100 percent of the designation.
- My spouse consents to the following beneficiary designation:

Name of personal representative: _____

Address of personal representative: _____

Section E: Trust designation

- I designate a trust as my beneficiary. Trusts must receive 100 percent of the designation.
- My spouse consents to the following beneficiary designation:

Legal name of trust (e.g., The Sara Smith Living Trust): _____

Address of trust: _____

Section F: Spousal consent, signature, and notary

Applicant's signature	Date	Spouse's signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant name		Spouse name	
Signed before me on this date		Signed before me on this date	
By (notary's signature)		By (notary's signature)	

Spousal signature (do not print) _____
Date

Print name

Section G: Applicant statement (required)

I hereby revoke any and all previous beneficiary designations for my IAP account.

Print name

Applicant signature (do not print) _____
Date

Instructions for IAP Pre-Retirement Designation of Beneficiary: Single Applicant

Section A: Applicant information

- Fill in the member information section completely.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.
- If you do not know your PERS ID, leave the space provided blank. Please provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.

If you have an IAP and/or an Alternate payee account You need to fill out a separate form for each account.

Section B: Beneficiary designation

Check the appropriate box to let us know if you want to use the standard beneficiary designation or to name a specific beneficiary.

When you choose the standard designation, you do not name any specific person. Instead, your beneficiary selection follows the order described in law.

The standard designation directs PERS to pay benefits in the order listed below:

- 1) To your spouse if you are legally married at the time of your death. If you are not, then to
- 2) your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at your death. If all of your children predecease you, their equal shares will be paid to their children. If there is no one in this group, then
- 3) to your mother and father in equal shares. If one of them predecease you, his/her share is paid to the other parent. If both parents predecease you, then
- 4) to your brothers and sisters in equal shares. If any one of them predecease you, their share will be paid to that sibling's children equally. If all of your brothers and sisters predecease you, all of their children will share equally. If there is no one in this group, then
- 5) payment will be made to your estate.

*Natural born and adopted children are considered "children" even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your "children" under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

The standard beneficiary is only available for Option 1 (and applies only if you die before the date the first payment is due), Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum Option.

If you elect to name specific beneficiaries, you must list each beneficiary, your relationship to the beneficiary, and the percentage of your benefit you want to go to each person or entity you named. See Appendix C, [page 29](#), of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide* for an example of "specific retiree designation of beneficiary."

If you have more than three beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional paper.

Section C: Estate designation

Check the box to indicate you want to designate your estate as the beneficiary. Enter the name of the personal representative and his/her address in the space provided.

Section D: Trust designation

Check the box to indicate you want to designate your trust as the beneficiary. Enter the legal name of the trust, the address of the trustee, and the date the trust was established in the spaces provided.

Important: If you have a complex beneficiary situation, you may want to consult an estate planning attorney.

Section E: Applicant statement (required)

Print and sign this form. This form is not valid unless you sign and date it. Incomplete forms will be returned.



11410 SW 68th Parkway, Tigard OR 97223
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 Toll free 888-320-7377 fax - 503-598-0561
 Website – www.oregon.gov/pers



IAP Pre-Retirement Designation of Beneficiary: Single Applicant

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section B : Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City			State	ZIP code	Country
Home phone number	Work phone number	Cell phone number		Email	

Section B: Beneficiary designation

Select only one.
 I elect to use the **standard** beneficiary designation. Do not list specific beneficiary name(s) in the table below.
 I elect to use the **specific** designation of beneficiary.
 You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. Add additional beneficiaries on a separate sheet of paper.
 How many beneficiaries do you want to designate? _____

Specific beneficiary #1 Primary beneficiary If living; otherwise, to #1 alternate beneficiary(ies).

#1	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #1 specific beneficiary is deceased.)

#1a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#1b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #2 Primary beneficiary If living; otherwise, to #2 alternate beneficiary(ies).

#2	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #2 specific beneficiary is deceased.)

#2a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#2b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Specific beneficiary #3 Primary beneficiary If living; otherwise, to #3 alternate beneficiary(ies).

#3	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

Alternate beneficiary(ies): How many alternate beneficiaries do you want to designate? _____
 (Benefit will go to those named below if #3 specific beneficiary is deceased.)

#3a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#3b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage

If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

First name	MI	Last name	Social Security number
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Section C: Estate designation

I designate my estate as my beneficiary. Estates must receive 100 percent of the designation.

Name of personal representative: _____

Address: _____

Section D: Trust designation

I designate a trust as my beneficiary. Trusts must receive 100 percent of the designation.

Legal name of trust (e.g., The Sara Smith Living Trust): _____

Address: _____

Date trust established: _____

Section E: Applicant statement (required)

I hereby revoke any and all previous beneficiary designations for my IAP account.

Signature

Date

Print name