



CT TEACHERS' RETIREMENT BOARD  
 765 ASYLUM AVENUE 2<sup>ND</sup> FLOOR HARTFORD, CT 06105-2822  
 An Affirmative Action/Equal Opportunity Employer  
 Toll-Free 1-800-504-1102 (860) 241-8408 Fax (860) 525-6018 www.ct.gov/trb

**FEDERAL TAX WITHHOLDING CHANGE FORM**

Complete the section(s) you intend to change.

Name (please print)	Social Security #	
Address (check this box if this is a new address) <input type="checkbox"/>	Email	
City, State, Zip	Telephone	Cell Phone

**FEDERAL TAX WITHHOLDING CHANGE REQUEST**

Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your monthly benefit payment. (Do not complete line 2 or 3.)
- Total number of allowances and marital status you are claiming for withholding from each monthly benefit payment. (You also may designate an additional dollar amount on line 3.)  
 .....  
 Marital status:  Single  Married  Married, but withhold at higher Single rate (Enter number of allowances)
- Additional amount, if any**, you want withheld from each monthly benefit payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.). Whole dollar amounts only. \$ \_\_\_\_\_ .00

I am no longer a resident of Connecticut. Please cancel my CT withholding.

Monthly Benefit Recipient's Signature	Date
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*CTRB does not acknowledge the receipt of individual forms. CTRB must receive the completed form by the 1<sup>st</sup> of the month in order for the change to be effective at the end of the month. (Benefits for the month are issued on the last business day of that month.) We require that the net monthly amount payable to the member be at least \$10 after all deductions.*