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NON-RESIDENT CERTIFICATION FOR MAINE STATE TAX WITHHOLDING

Member/Benefit Recipient Name:
 (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number: Date of Birth:
 (mm) (dd) (yyyy)

Home Email Address:

Home Telephone Number: Mobile Telephone Number:

Mailing Address:
 (Address Line 1)

 (Address Line 2)

 (City/Town) (State) (ZIP)

Non-Resident Certification

I hereby certify that I am a non-resident of the State of Maine and that I am not subject to Maine State income tax withholding from my pension benefit. I understand that if I become subject to Maine State income tax withholding, I must notify MainePERS and complete a form W-4ME to have Maine income taxes withheld from my pension benefit. I further understand that I may be subject to interest and penalties if I do not have enough tax withheld from my benefit and later have a tax liability as a result.

 (Signature of Member/Benefit Recipient)

 (Date)

 (Member/Benefit Recipient Name) *(please print)*