



## Residency Information – Periodic Payment

Plan Name ST. LUCIE GENERAL EMPLOYEES' RETIREMENT PLAN

Bank/Pay Group 044-943447

**If this form is not completed and sent with payment request the payment will not be processed**

**Please complete all items marked with an \***

### A. Participant Information

\*Name: \_\_\_\_\_ \*Social Security#: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\*Home/Tax Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
\*Mailing Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

### B. Participant Residency Information

Please check the correct tax status:

\_\_\_\_\_ U. S. Citizen/Resident Alien \_\_\_\_\_ Non-Resident Alien

Is payment to be delivered to an address or account outside the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are a Non-Resident Alien, please complete the IRS Form W8-BEN by following the instructions provided, and include with the payment request. **If IRS Form W8-BEN is not included the payment will not be processed.**

If you are a U. S. Citizen/Resident Alien, please complete the IRS Form W-4P by following the instructions provided and include with the payment request. **If IRS Form W-4P is not included, withholding will be processed assuming a marital status of Married/Joint with 3 exemptions.**

Participant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### ***For Fifth Third Use Only***

Input by: \_\_\_\_\_

Verified by: \_\_\_\_\_