



**MWRA**  
**EMPLOYEES' RETIREMENT SYSTEM**

*Since July 1, 1985*

**W-4P**

**Withholding Certificate for Pension Payments**

Type or print your full name

Social Security Number

Home address (number and street or rural route)

City or town

State

Zip Code

Please complete the following:

A. The total amount you wish withheld from each pension or annuity payment.

Percent

%

OR

full dollar amount

\$

Your Signature:

Date:

