



Residency Information – Periodic Payment

Plan Name ST. LUCIE FIREFIGHTERS' RETIREMENT PLAN

Bank/Pay Group 044-943442

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: _____