



South Carolina Troopers Association Retired SCDPS & Associate Spouse Membership Form w/ P4



All fields are required. Those marked in **ORANGE** are conditional. Once completed, either 1) print and mail this form to 4961 Broad River Rd, Columbia SC 29212 or 2) fax it to 803-772-1125. Because this form contains your sensitive information and because your signature is needed, we strongly encourage you to print and mail it via the US Postal Service instead of emailing it to us.

Once your Retired status has been verified, we will contact you at your preferred email address.

Please note: If you haven't already done so, please consider creating an account at sctroopers.org. Your Retired SCDPS Membership will entitle you to a 20% discount on all purchases and you will be given access to restricted items/resources. If you have already created an account, remember to let us know what your username is in the appropriate area below.

-- Dues are not tax deductible --

-- Any ongoing investigations at the time of this application will not be covered by the Association's legal defense fund --

1. SCDPS-SPECIFIC INFORMATION

Rank at Retirement: _____ Date of Retirement: _____

SCDPS Division (HP, BPS, STP) & Troop/Region: _____

2. MEMBER-SPECIFIC INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mr. or Ms./Mrs.: _____ Preferred Email Address: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

sctroopers.org Username: _____ *(Haven't signed up yet? Type 'NA')*

Is this a: New, Renewal, or Updated App *(Type 'X' beside which)*

(continued on page 2)

3. BENEFICIARY INFORMATION

-- Accurate Beneficiary Info is required in order to ensure your loved ones get the benefits to which they are entitled --

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____ Social Security Number: _____

Street, City, State, & Zip: _____

Relationship to You: _____

4. SPOUSE'S INFORMATION (for ASSOCIATE SPOUSE MEMBERSHIP)

Last Name: _____ First Name: _____ MI: _____

Mr. or Ms./Mrs.: _____ Preferred Email Address: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

sctroopers.org Username: _____ (Hasn't signed up yet? Type 'NA')

5. PAYROLL DEDUCTION INFORMATION

Thank you for your service! Retired SCDPS Membership dues are \$72 per year. Associate Spouse Membership dues are \$72 per year. Your total dues are **\$144** per year. By using Payroll Deduction, each check will automatically be deducted just \$12. You can cancel your Payroll Deduction at any time. We look forward to serving you!

Just type an 'X' beside the appropriate statement below:

No, I have never authorized the SCTA to make a Payroll Deduction before today

Yes, I have previously authorized the SCTA to make a Payroll Deduction before today

Now, just sign your name below **AND** in the **GREEN** highlighted area on the next page and we'll take care of the rest!



Your Signature

Today's Date

For Office Use Only

Date Received: _____ **Date Entered:** _____ **Cert. Issued:** _____

PRINT OR TYPE

COMPTROLLER GENERAL'S OFFICE

EMPLOYEE'S WITHHOLDING & DEDUCTIONS

SC Retirement System

DEPARTMENT NAME _____ DEPT. NO (3 Positions) _____

NEW CHANGE EFFECTIVE DATE _____

(01) SOCIAL SECURITY _____

(02) NAME _____
First (20 Positions) Middle Initial Last (20 Positions)

(03) STREET _____
(25 Positions)

(04) CITY/STATE _____ (05) ZIP _____
(20 Positions)

(06) MARITAL STATUS _____ NUMBER WITHHOLDING EXEMPTIONS _____

SINGLE MARRIED (07) FEDERAL _____ (08) STATE _____

Form W-4
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1 Type or print your first name and middle initial _____ Last name _____ 2 Your social security number _____

Home address (number and street or rural route) _____ 3 Single Married Married, but withhold at higher single rate.
Note: if married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, state, and ZIP Code _____ 4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card - - - - - >

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5

6 Additional amount, if any, you want withheld from each paycheck 6

7 I claim exemption from withholding for 2002 and I certify that I meet **BOTH** of the following conditions for exemption:
 • Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
 • This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.
 If you meet both conditions, enter "EXEMPT" here _____ > 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status

Employee's signature > _____ Date > _____, 20__

8 Employer's name and address (Employer: Complete 8 and 1 0 only if sending to the IRS) _____ 9 Office code (optional) _____ 10 Employer Identification number _____

INSURANCE AND OTHER DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
<input checked="" type="checkbox"/> 662	SC Troopers Association	\$ 12.00	<input type="checkbox"/>		\$
<input type="checkbox"/>	Retired Duty w/ Spouse Deduction	\$	<input type="checkbox"/>		\$
<input type="checkbox"/>	## Deductions from Retirement	\$	<input type="checkbox"/>		\$
<input type="checkbox"/>	System are deducted monthly ##	\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above salary deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer.

 Authorized Agency Signature

 Title

 Date

 Employee's Signature