



11410 SW 68th Parkway, Tigard OR 97223  
 Mailing Address – PO Box 23700, Tigard OR 97281-3700  
 Toll free – 888-320-7377 Fax – 503-598-0561  
 Website – <https://oregon.gov/pers>



## Oregon Public Service Retirement Plan (OPSRP) Pension Program and Individual Account Program (IAP) Retirement Application

### Section A: Applicant information

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number (SSN)*
City	State	ZIP code	Country
Date of birth (mm/dd/yyyy)			
Home phone number	Work phone number	Cell phone number	Email

### Section B: Effective retirement date

My PERS retirement date is the **first day of** \_\_\_\_\_  
Month Year

### Section C: OPSRP retirement option election (please check only one of the following retirement options)

- Single Life Option   
  Full-Survivorship Option   
  Half-Survivorship Option  
 Full-Survivorship Increase Option   
  Half-Survivorship Increase Option

### Section D: OPSRP beneficiary designation (required if a survivorship option is selected)

Beneficiary's full name	Beneficiary's SSN (mandatory)
Beneficiary's date of birth (mm/dd/yyyy)	Beneficiary's relationship to you

### Section E: Spousal consent and single member acknowledgement (required)

<b>Member acknowledgment</b> Must sign in the presence of a notary. <input type="checkbox"/> As of my effective retirement date, I am married. <input type="checkbox"/> As of my effective retirement date, I am single.		<b>Spousal consent (Required if married.)</b> Must sign in the presence of a notary. <input type="checkbox"/> I consent to the option and beneficiary my spouse selected.	
Applicant's signature	Date	Spouse's signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant name		Spouse name	
Signed before me on this date		Signed before me on this date	
By (notary's signature)		By (notary's signature)	

\*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

First name	MI	Last name	Social Security number
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**Section F: IAP distribution election**

Select only one.

One-time lump-sum distribution (rollover eligible). **Complete Section G.** You must also fill out the [Tax Withholding Form for IAP Rollover-Eligible Distributions](#) if you are not rolling over 100 percent of your distribution.

5-year installment distribution (rollover eligible). **Complete Section G.** You must also fill out the [Tax Withholding Form for IAP Rollover-Eligible Distributions](#) if you are not rolling over 100 percent of your distribution.  
**Select frequency:**  Monthly  Quarterly  Annually

10-year or  15-year or  20-year installment distribution.  
**Select frequency:**  Monthly  Quarterly  Annually  
**This is not rollover eligible. Fill out the [W-4P](#) tax withholding form.**

Anticipated Life-Span Option installment distribution.  
**Select frequency:**  Monthly  Quarterly  Annually  
**This is not rollover eligible. Fill out the [W-4P](#) tax withholding form.**

**Section G: IAP payment distribution**

Complete this section only if you chose a one-time lump-sum distribution or a 5-year installment distribution in **Section F**. **If you select #2, please include all rollover information.**

- Do not roll over. Send installment(s) directly to me.
- Roll over my installment(s) to:
  - Traditional IRA       Roth IRA       Another deferred compensation or employer plan
  - Oregon Savings Growth Plan (OSGP) **You must be a current OSGP participant to roll over your installment(s) to OSGP.**

IRA/trustee name:
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- Rollover a specific percentage or dollar amount
  - Roll over \_\_\_\_\_ percent of my payment **or**  Roll over \$ \_\_\_\_\_ of my payment.

**Note:** If you are rolling over funds to another deferred compensation or employer plan other than the Oregon Savings Growth Plan (OSGP), **you must have an authorized representative of the plan complete the [IAP Direct Transfer Roll-over Acceptance](#) form.** All IAP rollover checks other than to OSGP will be mailed to you with the trustee as the payee.

First name	MI	Last name	Social Security number
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## Section H: IAP beneficiary election

### Select only one.

I elect to use the **standard** beneficiary designation. **Do not** list specific beneficiary name(s) in the table below.

I elect to use the **specific** designation of beneficiary. Complete the table below.

You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal **100 percent**. Add additional beneficiaries on a separate sheet of paper with your name and SSN at the top of the page.

How many primary beneficiaries do you want to designate? \_\_\_\_\_

<b>Specific beneficiary #1</b>					
<b>Primary beneficiary</b> If living; otherwise, to #1 alternate beneficiary(ies).					
#1	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #1 specific beneficiary is deceased.)					
#1a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#1b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<b>Specific beneficiary #2</b>					
<b>Primary beneficiary</b> If living; otherwise, to #2 alternate beneficiary(ies).					
#2	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #2 specific beneficiary is deceased.)					
#2a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#2b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<b>Specific beneficiary #3</b>					
<b>Primary beneficiary</b> If living; otherwise, to #3 alternate beneficiary(ies).					
#3	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #3 specific beneficiary is deceased.)					
#3a	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
#3b	Name of person or charity	Social Security #	Date of birth	Relationship	Percentage
<input type="checkbox"/> If any of the above named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.					

First name	MI	Last name	Social Security number
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**Section I: Citizenship**

Are you a United States citizen or resident alien? Select only one.

Yes    No (Complete a [W-8BEN form.](#))

**Section J: Acknowledgement of Receipt of Federal Tax Information Disclosure (required) and federal tax 30-day waiver (optional)**

I have received and read the [Federal Tax Information Disclosure.](#)

I waive my right to the 30-day period for reviewing the Federal Tax Information Disclosure.

**Section K: Working after retirement acknowledgment**

By signing below, I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for OPSRP Retirees.](#)

**Section L: Applicant signature**

**Sign, date, and print this form.**

By signing this application, I acknowledge that the information I have provided above is correct.

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Applicant's signature

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Date

# 2021 Form W-4P

Department of the Treasury  
Internal Revenue Service



Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s).

Contact the Oregon Department of Revenue in Salem at 503-378-4988 or <http://www.oregon.gov/DOR/pages/index.aspx> for questions regarding Oregon state tax.

**Print and sign this form.** Form W-4P is not valid unless you sign and date each part of the form you complete. Incomplete forms will be returned.

**Mail to:** PERS, PO Box 23700, Tigard, OR 97281-3700 or fax to 503-598-0561.

1. Is this a new withholding or a change to an existing withholding? (Select one.) <input type="checkbox"/> New withholding (Complete Parts A and B) <input type="checkbox"/> Change to existing withholding		2. Are you an Oregon resident? (Select one.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete Part B, line 1 if you want no Oregon tax withheld.)	
3. Account type (Select all that apply for this withholding). To indicate different withholdings for each account, complete a separate form W-4P for each account. <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP installments of 10 years or longer <input type="checkbox"/> OPSRP Alternate payee <input type="checkbox"/> OPSRP Beneficiary <input type="checkbox"/> OPSRP Disability			
Form <b>W-4P</b> <b>Part A</b>	<b>Federal Tax Withholding Certificate</b> <b>for Pension or Annuity Payments</b> For Privacy Act and Paperwork Reduction Act Notice, see <a href="#">instructions page 5.</a>		OMB No. 1545-0074 <b>2021</b>
Your first name and middle initial		Last name	Your Social Security number*
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract (optional)	
City or town, state, and ZIP code		N/A	
<b>Complete the following applicable lines.</b>			
1 Check here if you <b>do not want any</b> federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) .. <input type="checkbox"/>			
2 Total number of allowances and marital status you are claiming for withholding from each <b>periodic</b> pension or annuity payment. (You also may designate an additional dollar amount on line 3.)..... <input type="checkbox"/> (Enter number of allowances.)			
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at a higher single rate.			
3 Additional amount, if any, you want withheld from each pension or annuity payment. ( <b>Note:</b> For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ..... <input type="checkbox"/> \$ _____ The amount you enter on line 3 will be deducted in addition to the amount deducted based on the marital status and allowances entered on line 2.			
Your signature ▶ _____		Date ▶ _____	

**Oregon State tax withholding will be based on Part A unless you complete Part B or have an existing Oregon State tax withholding on file with PERS.**  
**Non-Oregon residents who do not want state income tax withheld must check the box on line 1 in Part B.**

Form <b>W-4P</b> <b>Part B</b>	<b>Oregon State Tax Withholding Certificate</b> <b>for Pension or Annuity Payments</b> For Privacy Act and Paperwork Reduction Act Notice, see <a href="#">instructions page 5.</a>		<b>2021</b>
Your first name and middle initial		Last name	Your Social Security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract (optional)	
City or town, state, and ZIP code		N/A	
<b>Complete the following applicable lines.</b>			
1 Check here if you <b>do not want any</b> state income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ..... <input type="checkbox"/>			
2 Total number of allowances and marital status you are claiming for withholding from each <b>periodic</b> pension or annuity payment. (You also may designate an additional dollar amount on line 3.)..... <input type="checkbox"/> (Enter number of allowances.)			
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at a higher single rate.			
3 Additional amount, if any, you want withheld from each pension or annuity payment. ( <b>Note:</b> For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ..... <input type="checkbox"/> \$ _____ The amount you enter on line 3 will be deducted in addition to the amount deducted based on the marital status and allowances entered on line 2.			
Your signature ▶ _____		Date ▶ _____	

### Authorization Agreement for Automatic Deposits

PERS encourages you to deposit your benefit payment directly to your bank or other financial institution for the following reasons:

- the deposit is always on time rather than depending on mail delivery;
- there is no risk your benefit payment will be stolen or lost; and
- if you are on vacation or ill, you will not have to make arrangements for your benefit to be deposited by someone else.

To have your benefit payment deposited directly, complete this form. Note: If you use automatic deposit for your monthly check and you receive more than one monthly check from PERS, all of your PERS accounts will be changed to this account number.

The diagram shows a voided check with the word "Void" in large letters across the center. The check is from "PERS Retiree" at "1234 NW Center Street, Anytown, OR 20000". The amount is "1234" dollars. The bank is "ANYTOWN BANK, Anytown, OR 20000". The routing number is ":250200125" and the account number is ":203030""10"". A callout box points to the routing number and account number, stating "Do NOT include the check number." The check number "1234" is also shown. The date is "15-000/000".

Please attach a voided check for deposit to a checking account. See the blank check guide above for information on where the routing and account numbers are located on your checks.

PERS must coordinate with your financial institution, and your first monthly check may be mailed to you. Future changes to your account number may result in a monthly check to be mailed to you. All payments other than your monthly benefit will be mailed to you. Therefore, you should always provide PERS with a current mailing address.

An information stub will be mailed three times per year to your current mailing address.

### Section A: Applicant information

Fill this section out completely.

Check which plan(s) this automatic deposit applies to.

Note: If you have more than one plan and want the benefits to go to two separate accounts, you must fill out a separate Authorization Agreement for Automatic Deposits form for each account.

Check a box to let us know if you want the funds deposited into a checking, savings, or business account.

Sign and date the form.

Provide the required information about your account.

### Section B: International ACH determination (required)

To comply with federal requirements, please check or initial one of the boxes in this section.

Check box 1 or initial if the entire amount being directly deposited **will not** go to a bank outside of the United States. This applies to most applicants.

Check box 2 or initial if you have instructed your United States bank to transfer or “sweep” 100 percent of your direct deposit funds into a foreign bank.

**Note: PERS can only deposit funds to banks in the United States. This also applies to a direct deposit that will be transferred 100 percent into a bank outside of the United States.**



## Authorization Agreement for Automatic Deposits

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number	Evening phone number		Email (optional)

#### Which plan is this for? (Check all that apply)

- Tier One/Tier Two  
  Individual Account Program (IAP)  
  OPSRP Pension Program  
  Alternate Payee  
 Beneficiary  
 Other \_\_\_\_\_

#### Type of account (check one)

- Checking** (Attach a voided or canceled check.)  
  **Savings** (Do not attach a voided or canceled check.)  
 **Business** (Check this box if the checking or savings account is set up at your bank as a business or commercial account.)

#### Applicant certification - Required

I certify I have read and understand the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for withdrawing the funds.

\_\_\_\_\_  
 Signature of payee  
 \_\_\_\_\_  
 Date

#### Joint account holder's certification - Required

I certify I have read this form and understand I must advise PERS of the death of the above named applicant and that funds deposited into the account listed below after the date of death are to be refunded to PERS.

\_\_\_\_\_  
 Joint account holder name (please print)  
 \_\_\_\_\_  
 Signature of joint account holder  
 \_\_\_\_\_  
 Date

Name of financial institution	Account number (Show the number exactly, including necessary spaces, zeroes, or dashes.)
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Branch name and number	Branch telephone number	Routing number
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Financial institution mailing address (street or PO box number) City State Zip+4 code

Attach your voided or canceled check here. (Optional). (For checking accounts only.) **Do not attach a deposit slip.**

### Section B: International ACH determination (required)

You **must** check or initial one of the boxes below. See instructions.

- 1  The entire amount of my direct deposit payment is **not** deposited to a bank outside the U.S.  
 2  The entire amount of my direct deposit payment is ultimately deposited to a bank outside the U.S.

### Section C: Revocation instructions

This authorization is to remain in full force and effect until the Oregon Public Employees Retirement System (PERS) has received written notification from me (or either of us) of its termination in such time and manner as to afford PERS and the financial institution a reasonable opportunity to act on it.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.



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12315

## Tax Withholding for IAP Rollover-Eligible Distributions

This form is strictly for IAP members who choose a one-time or 5-year distribution.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

### Section B: Federal tax withholding

Federal law requires PERS to withhold 20 percent from the taxable amount of your payment.

If you want to have **more than the 20 percent federal tax** withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

Withhold \$ \_\_\_\_\_ .00 more than the mandatory 20 percent federal tax withheld.

### Section C: Oregon tax withholding

PERS will also withhold 8 percent for Oregon state tax unless you check the box in this section directing PERS not to withhold state tax. Select only one.

Do not withhold Oregon state income tax (8 percent will be withheld if box is not checked).

If you want to have **more than 8 percent Oregon state tax** withheld, check the box provided, and enter the additional amount you want withheld on the line provided.

Withhold \$ \_\_\_\_\_ .00 more than the 8 percent for Oregon state income tax.

### Section D: Applicant signature

\_\_\_\_\_  
 Applicant signature (do not print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant name (print)

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input checked="" type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.





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 Website – <https://oregon.gov/pers>



12157

## IAP Direct Transfer Rollover Acceptance

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS ID	Social Security number*

### Section B: Rollover Acceptance

As an authorized representative, agent, custodian, trustee, or plan administrator of an eligible employer plan or deferred compensation plan, I hereby accept the direct transfer rollover from the Oregon Public Employees Retirement Systems plan, a qualified retirement plan under Internal Revenue Code 401(a), as specified below.

**Choose one here:** The plan  **will**  **will not** accept and separately account for after tax dollars.

### Section C: Rollover account information

Financial institution name \_\_\_\_\_

Rollover account number (mandatory) \_\_\_\_\_

Rollover plan type \_\_\_\_\_

### Section D: Rollover mailing address and confirmation

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and title \_\_\_\_\_

### Section E: Authorized signature

My signature below indicates acceptance of the rollover of contributions and earnings.

\_\_\_\_\_ Date \_\_\_\_\_  
 Authorized signature (do not print)

If authorized representative signature is not available, have the plan administrator authorize the acceptance of the transfer by written confirmation. Call our Member Services toll-free 888-320-7377 if you have additional questions.

**Please complete and return this form immediately to avoid any delay in providing benefits.**

**Fax or mail the Direct Transfer Rollover Acceptance form to:**

**Oregon PERS  
 PO Box 23700  
 Tigard, OR 97281-3700  
 Fax – 503-598-0561**

Office use only		
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input checked="" type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.  
 In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.  
**IAP Form #459-388 (7/31/2019) SL3 IIM Code: 12157**

## Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number\* on all documents submitted, including beneficiary documents.

<p><b>Group 1</b>  If one item in this group is furnished showing birth dates, no further evidence of age is needed.  <b>Any ONE of these:</b></p> <ul style="list-style-type: none"> <li>• Copy of Oregon driver’s license or ID card <b>if issued on or after February 4, 2008</b> (current or expired)</li> <li>• Copy of REAL ID driver’s license, driver’s permit, or ID card issued by any state** (current or expired)</li> <li>• Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official)</li> <li>• American Indian Reservation Age Verification</li> <li>• Infant baptism certificate</li> <li>• Hospital birth certificate (if signed by attending physician or issued by state)</li> <li>• Passport (current or expired)</li> <li>• School-age record</li> <li>• Naturalization or citizenship papers</li> <li>• Family Bible record (if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom)</li> </ul>	<p><b>Group 2</b>  Two items in this group from different sources are sufficient if age or birth date is shown.  <b>Any TWO of these:</b>  <b>Example:</b> One child’s birth certificate and one driver’s license</p> <ul style="list-style-type: none"> <li>• A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)</li> <li>• Certificate of military record</li> <li>• Marriage record (record must show your age or date of birth at time of marriage)</li> <li>• Any other state’s driver’s license or ID card. (must be current)</li> <li>• County voter registration (must show your age or date of birth; do not send in your precinct card)</li> <li>• Copy of child’s birth certificate if it shows age of parents</li> <li>• Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months)</li> <li>• Military ID (military record DD214)</li> <li>• Concealed weapons permit</li> </ul>
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member’s Social Security number on all documents so they are properly recorded.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.  
\*\*A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states also have issued “enhanced” driver’s licenses, driver’s permits, or ID cards. Enhanced cards are REAL ID compliant and will bear an American flag emblem and the word “enhanced” on the front of the card.