

Annuitization form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Instructions

Use this form to select an Annuity Payout Option.

1. Contract information

Contract number

Owner's name (first, middle initial, last)			Social Security number
Joint Owner's name (first, middle initial, last) – If applicable			Social Security number
Non-natural Owner* – If applicable			Tax identification number/EIN
Street address			Apartment/Suite number
City	State	ZIP	Phone number

* Please complete and submit a copy of the Certification of Trust Agreement, if this policy is owned by a Trust.

2. Payment election

I/We, the contract owner(s), request, in lieu of all benefits otherwise payable to me/us, that the proceeds of the above contract be paid in the manner indicated below. Please note this is a final election that, once processed, cannot be changed or reversed.

Please select ONE option:

- Option 1 - Income for a Specified Period**
Proceeds paid in equal installments for the duration of the specified period only. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. The specified period shall be ____ years.
- Option 2 - Life Only Income**
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, payments will cease.
Please supply a copy of the payee's driver's license or birth certificate and complete the Life Only Disclaimer Form.
- Option 3 - Life Income with Installments for Specified Period Certain**
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. The specified period shall be ____ years.
Please supply a copy of the payee's driver's license or birth certificate.
- Option 4 - Income of a Specified Amount**
Proceeds paid in equal installments to the primary payee until the proceeds, together with the interest thereon, are exhausted. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary.
\$ _____ (Monthly Minimum of \$50)
- Option 5 - Joint and Survivor Income**
Proceeds are paid during the lifetimes of both the primary and contingent payees. Upon the death of either payee, payments continue to the survivor for:
 100% of original amount 67% of original amount 50% of original amount
Please complete the Primary and Contingent Payee Information below and supply a copy of the payee's and contingent payee's driver's licenses or birth certificates. In addition, complete the Life Only Disclaimer Form if not electing a specified period below.
 With specified period of ____ years.

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

3. Beneficiary information

In the event of the owner's death, the death benefit is payable to the owner's primary beneficiary. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving owner, if any, will be designated sole primary beneficiary. Non-spousal joint owners cannot name contingent beneficiaries.

Per stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.

Per capita definition: Proceeds are split amongst the beneficiaries that survive the owner. If one of the beneficiaries does not survive the owner, then the remaining beneficiaries receive the proceeds split equally.

Select one: Primary Contingent | Select one: Per stirpes Per capita | Select one: Revocable Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Per stirpes Per capita | Select one: Revocable Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Per stirpes Per capita | Select one: Revocable Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Trust | Select one: Revocable Irrevocable

Accepted trust types are listed on the non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against Midland National Life Insurance and agree to release, indemnify and hold harmless Midland National, its officers, employees, representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as beneficiary of the contract.

Full trust name	Tax ID number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Email address	

If additional trustees apply, please list their name, mailing address, and phone number on a separate piece of paper with the owner(s)'s signature and date.

Select one: Primary Contingent | Select one: Corporation (additional forms may be required) Estate Other

Entity name	Phone number	Tax ID number (TIN)	Percentage %
Mailing address	Email address		

Please list in whole percentages only. If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Owner/Joint Owner's estate. If you are designating additional beneficiaries, please list them on a separate piece of paper with the Owner(s)'s signature and date.

4. Payee(s) information

Please complete Primary Payee Information only if different than the Owner. Please complete Contingent Payee only if choosing Option 5.

Primary Payee's name (first, middle initial, last)	DOB (mm/dd/yyyy)	Social Security number
Contingent Payee's name (first, middle initial, last)	DOB (mm/dd/yyyy)	Social Security number

Relationship to Primary Payee: Spouse Child Grandchild Other (specify):

5. Payment date and mode

The first payment will be made within 31 days of our receipt of all documents needed to process your election, unless otherwise specified below, or unless the payment option elected requires an alternate first payment date. Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in Good Order."

Please withdraw in the following frequency: Monthly* Quarterly Semi-Annually Annually

Date of first payment _____

In agreeing to process a pay-out option on this contract, Midland National does not make any warranty as to penalty or the satisfaction of required minimum distribution rules as set forth by the Internal Revenue Code. Subject to approval of this request by Midland National, I hereby revoke and cancel any prior request or election which I have made as owner.

* If monthly payments are selected, the method of payment must be EFT (electronic funds transfer). Complete EFT section below.

6. Method of payment

Please check one of the following options.

I would like the distribution to be paid to me by check and sent to the mailing address listed under contract information.

I would like the distribution to be sent via Automated Clearing House (ACH) to the financial institution indicated below. I understand the distribution will arrive in my account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit the distribution into my account. **Please attach a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.**

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

Financial institution's name	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing number (ABA#)	Account number

7. Election of withholding

Federal/State withholding instructions: for Federal withholding, complete the attached IRS form W-4P. Indicate below if State income taxes should be withheld from your payment(s). If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals.

Even if you elect NOT to have Federal/State Income taxes withheld, you are liable for Federal/State Income taxes on the taxable portion of your account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate.

I elect the following:

State: Do not withhold Withhold _____%

Important state tax withholding information: Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

Taxpayer Identification Number (TIN)	Joint Taxpayer Identification Number (TIN)
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Note: If no election is made, a 10% federal income tax will be automatically withheld.

8. Acknowledgment and signatures

I/We hereby acknowledge that the information provided herein is to the best of our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in the contract.

Community Property Interest

If this transaction is subject to community property interest, we strongly recommend that you obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that the Company may presume that no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

Taxpayer Certification

Under penalty of perjury, my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

CA Residents only: For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Spouse's signature (Only applicable if Owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Disinterested witness' signature*	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable Beneficiary signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

* If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. An agent may not sign as a disinterested witness.

Variable annuity products are issued by Midland National® Life Insurance Company distributed by Sammons Financial Network®, LLC., member FINRA.

Sammons Financial Network®, LLC., Midland National® Life Insurance Company, and Sammons Institutional Group®, Inc. do not give tax, legal, or investment advice. You and your client should consult with and rely on your own tax, legal, or investment professional(s). Taxes are payable upon withdrawal of funds, and a 10% IRS penalty may apply to withdrawals prior to age 59½.

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
Multiply the number of other dependents by \$500	\$ _____	
Add other credits, such as foreign tax credit and education tax credits	\$ _____	
Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional):
Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$ _____
(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions (continued)

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.