

# Claimant Statement



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

## Instructions

### Death Claim Documentation Requirements

- Original Certified Death Certificate (Must include cause of death and raised seal)
  - A copy of the death certificate is acceptable if the total amount of all claims is less than \$350,000 **and** death occurred within the United States.
- Annuity Claimant Statement form
- Any additional requirements listed below or requested by Midland National® Life Insurance Company

### Special Instructions and Additional Requirements

- If the proceeds are payable to the Estate, the executor or administrator of the decedent's estate must complete the Claimant Statement form. A Court Certificate of Appointment is also required. Also, a separate Tax Identification number for the Estate is required. A decedent and their estate are considered separate taxable entities and therefore the Estate will need to apply for a Tax Identification number or Employer Identification number (EIN). Please consult your tax advisor for additional tax filing questions.
- If the proceeds are payable to a Trust, a completed Certification of Trust Agreement form is required. For questions on how to complete this form, please consult with and rely upon your legal professional or trust preparer.
- If the proceeds are payable to a minor or incompetent beneficiary, the guardian of the estate of the minor or incompetent beneficiary must complete the claimant statement. A Court Certificate of Appointment is also required.
- If the proceeds are payable to a beneficiary with a Power of Attorney and the Power of Attorney completes the claimant statement, a copy of the appointment paper is required.
- If a beneficiary is deceased, a Certified Death Certificate is required.
- If the death occurred outside of the United States, the official death certificate issued in the country where the death occurred and a completed Foreign Death Questionnaire form are required.
- If required by state regulations, a state tax consent form is required.
- If the proceeds are payable to a beneficiary who is not a U.S. Citizen, an IRS W-8 BEN form is required. Please contact the IRS for help on how to complete this form.
- If the claimant's name is different than what was listed by the owner, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).

## 1. Contract information

**Any person who knowingly and with intent to defraud any company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Such person may be subject to fines and/or confinement in prison.**

Contract number	Additional contract number	Additional contract number
Decedent's name (first, middle initial, last)		Social Security number

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.

## 2. Claimant information

Claimant's name (first, middle initial, last)			Social Security number
Non-natural entity (if applicable)			Tax Identification number
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____			DOB/Trust date (mm/dd/yyyy)
Street address			Apartment/Suite number
City	State	ZIP	Phone number

In what capacity do you file this claim?

Individual     Trustee     Executor of estate     Other: \_\_\_\_\_

## 3. Settlement options

Please choose **ONE** of the following 5 options:

**Option 1 – Lump sum payment**

Lump sum via check or Automated Clearing House (ACH).

**Option 2 – Spousal continuance**

Available only if you are the decedent owner's spouse and the sole primary beneficiary. Not available for inherited accounts. By choosing the spousal continuation option, you will become the new owner of the contract. You also need to name (a) beneficiary(ies) to receive the contract proceeds in the event of your death.

If you are selecting this option, please complete the Beneficiary Information section on page 3.

**Option 3 – Inherited IRA distribution option (multi-generational distribution option)**

**Contract set up with Midland National** — new business paperwork must be received and be in good order prior to our making payment.

**Contract set up with an external transfer company** — a transfer form and letter of acceptance are required.

**Spousal transfer to an external company** — if you are a spouse of the deceased and are electing to transfer to your own Contract, a transfer form and letter of acceptance are required.

**Option 4 – Non-Qualified Stretch**

Available if you are a beneficiary on a non-qualified contract and choose to have the death benefit paid out over a period of time based on your life expectancy. This option is not available to beneficiaries that are trusts, estates, or charities.

If contract proceeds are being placed in a new LiveWell Annuity, a Claimant Statement form, New Business paperwork, and Non-Qualified Distribution Option form must be received and be in good order prior to processing this request.

If contract proceeds are being placed with another company, 1035 Exchange paperwork and the receiving company's letter of acceptance are required.

**Option 5 – Annuity Payment Plan\***

Please choose a payout election below. Please note that this is a final election that, once processed, cannot be changed or reversed. If you are selecting this option, please complete the beneficiary information section below.

Please select ONE Annuity Payment Plan election:

**IMPORTANT:** For qualified plans, a beneficiary must draw down his or her entire inherited interest within 10 years. An annuity payment plan over 10 years is not available. Plans for 5 years minimum to 9 years maximum are available.

**Election A – 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. Installments are paid for a period of 5 to 20 years. Additional payment periods may be available. Please contact Midland National for additional options.

Number of years: \_\_\_\_\_ (minimum of 5 years, maximum of 20 years)

Settlement options continued on page 3 ►

**Election B – 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.

**Election C – 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. Installments are paid for a period of either 10 or 20 years. Additional payment periods may be available. Please contact Midland National for additional options. Please supply a copy of the payee's driver's license or birth certificate.

10 years       20 years

**Election D – 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 \$20)

**Election E – 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 Payee information section on page 4 and supply a copy of the payee's and contingent payee's driver's licenses or birth certificates and complete the Life Only Disclaimer Form if not electing a specified period.

**\* If Option 5 is elected, please elect the frequency in which you would like to receive your annuity payments. If no frequency is chosen, it will default to annually:**

Monthly       Quarterly       Semi-Annually       Annually

**4. Beneficiary information**

*If Option 2 or 5 has been chosen, please complete the Beneficiary information. If additional beneficiaries need to be designated, please provide information on an additional sheet of paper that is signed and dated.*

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

1. Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address <sup>†</sup>	Phone number	

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

2. Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address <sup>†</sup>	Phone number	

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

3. Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address <sup>†</sup>	Phone number	

<sup>†</sup> If your mailing address is different than your street address, please list on a separate piece of paper with the owner's signature and date.

#### 4. Beneficiary information (continued)

Select one:  Primary  Contingent | Select one:  Trust

4. Full trust name	Trust date (mm/dd/yyyy)	Tax Identification number	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trustee DOB (mm/dd/yyyy)	Trustee SSN
Trustee mailing address		Trustee email address	

#### 5. Payee(s) information

Please complete Primary payee information only if different than the owner.

Please complete Contingent Payee only if choosing Option 5, Election E.

Primary payee's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Social Security number
Contingent payee's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Social Security number

Relationship to primary payee:

Spouse  Child  Grandchild  Other (specify): \_\_\_\_\_

#### 6. Method of payment

If Option 1 or 5 has been chosen, please complete the Method of Payment information.

**Please check one of the following options. If no election is indicated, a check will be mailed to you.**

- I would like the proceeds to be paid to me by check and sent to the mailing address listed under Contract Information.
- I would like the proceeds to be sent via Automated Clearing House (ACH) to the financial institution indicated below. I understand the proceeds 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 proceeds into my account. **Please attach a voided check.**

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

**Include 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.

#### 7. Federal election of withholding

If Option 1 or 5 has been chosen, please complete the Federal election of withholding information.

**See the instructions on pages 7-8 and Marginal Rate Tables for additional information.**

Your withholding rate is determined by the type of payment you will receive.

- For non-periodic payments, the default withholding rate is 10%. You can choose to have a different rate withheld by entering a rate between 0% and 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%.

I would like the default withholding rate.

I would like a rate of withholding that is different from the default withholding rate.

\_\_\_\_\_ % Enter the rate (percent) as a whole number (enter a rate between 0% and 100%, no decimals)

## 8. State election of withholding

If Option 1 or 5 has been chosen, please complete the State election of withholding information.

Important state tax withholding information: If you reside in a state that requires tax withholding, we will withhold state income tax in accordance with the respective state's rules.

### Withhold state taxes - (select yes or no)

No  Yes \_\_\_\_\_%

### Claims Fraud Warnings – State Variations

State	Variation
Alabama	"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."
Alaska	"A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."
Arkansas/Kentucky/ Maine/Michigan/ New Mexico/Ohio/ Oklahoma/Tennessee	"Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime. Penalties may include imprisonment, fines, and denial of insurance benefits."
Arizona	"For your protection Arizona law required the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."
California	"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."
Colorado	"It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company, agent or registered representative of an insurance company who knowingly provides a false, incomplete, or misleading fact or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."
Delaware/Idaho/Indiana	"Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of a claim containing any false, incomplete, or misleading information is guilty of a felony."
District of Columbia	"It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."
Florida	"Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
Hawaii	"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."
Louisiana/Maryland/ Rhode Island	"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."
Minnesota	"A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."
New Hampshire	"Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."
New Jersey	"Any person who knowingly makes an application for insurance coverage containing any false or misleading information is subject to criminal and civil penalties."
New York	"Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."
Oregon	"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."
Pennsylvania	"Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

**Claims Fraud Warnings – State Variations (continued)**

State	Variation
Puerto Rico	“Any person who knowingly, and with intent to defraud presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.”
Texas	“Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”
Virginia	“Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.”
Washington	“It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”
West Virginia	“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**9. Acknowledgments and signature**

The undersigned claimant agrees to hold harmless and indemnify Midland National and its subsidiaries and affiliates, and all its officers, directors, employees, and legal representatives, from and against any and all liabilities, claims, damages, causes of action, costs, and expenses (including without limitation legal expenses, settlement costs, and reasonable attorney’s fees) arising from Midland National’s payment of the death claim proceeds to the Beneficiary in connection with the annuity contract for which this claim is made. I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms does not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

The Trustee(s) agree to release, indemnify and hold harmless the Company, its officers, employees, agents/representatives, and affiliates from and against all claims arising out of the sale or administration of the product to the Trust. The Trustee(s) certify that the product is suitable for the purposes of the trust and does not impair the rights of the trust beneficiaries. The Trustee(s) acknowledge that the company has not provided any tax, legal or financial advice and is not authorized to recommend or sell Trusts and any Trust recommendation has been provided by an independent tax, legal or financial advisor. The Company will issue and administer the Contract based solely upon the representations made by the Trustee(s) and that any consequence of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustee(s).

**Taxpayer Certification**

**Under penalties 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.

**Elections made on this claimant statement are a full and final settlement once proceeds have been processed.**

Claimant’s name (please print)	
Claimant’s signature	Date signed (mm/dd/yyyy)

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.



## General Instructions and Marginal Rate Tables for withholding for non-periodic payments and eligible rollover distributions.

Use the information provided on pages 7-8 to guide you in completing withholding section 7, page 4.

### General Instructions

Section references are to the Internal Revenue Code.

**Future developments** - For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose** - Complete section 7, page 4, to have payers withhold the correct amount of federal income tax from any non-periodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement account (IRA). See pages 7-8 for the rules and options that are available for each type of payment.

**Caution** - If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may also 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. Your withholding choice (or an election not to have withholding on a non-periodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

### 2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the following page for more information on how to use this table.

Single or married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\* If married filing separately, use \$380,200 instead for this 37% rate.

**For Privacy Act and Paperwork Reduction Act Notice, see page 8.**

**Non-periodic payments—10% withholding** - Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate in section 7, page 4. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-”. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its possessions.

**Note:** If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding** - Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% in section 7, page 4. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Non-periodic payments—10% withholding above*.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. 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, enter “-0-” in section 7, page 4. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

**More withholding** - If you want more than the default rate withheld from your payment, you may enter a higher rate in section 7, page 4.

**Less withholding (non-periodic payments only)** - If permitted, you may enter a lower rate in section 7, page 4 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

**Suggestion for determining withholding** - Consider using the Marginal Rate Tables on page 7 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in section 7, page 4. (*See Example 1 below.*)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in section 7, page 4. (*See Example 2 below.*)

If you prefer a simpler approach (but one that may lead to over-withholding), find the rate that corresponds to your total income including the payment and enter that rate in section 7, page 4.

**Examples** - Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1** - You expect your total income \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" in section 7, page 4.

**Example 2** - You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" in section 7, page 4.

**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 additional federal income tax withholding from your non-periodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your non-periodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your non-periodic payments or eligible rollover distributions). 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 of your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; 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 possessions 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.