

# CUSTOMER SERVICES REQUEST FORM FOR GENERAL AND TAX SHELTERED PRODUCTS

3520 Broadway  
P.O. Box 219272  
Kansas City, MO 64121-9272  
800-821-6164, ext. 8060  
Fax: 816-931-3585  
[www.kclife.com](http://www.kclife.com)

Policy number \_\_\_\_\_ Insured \_\_\_\_\_ Owner (if other than Insured) \_\_\_\_\_ Home and work phone \_\_\_\_\_

1. ☐ **PARTIAL WITHDRAWAL** Withdraw \$ \_\_\_\_\_ from this policy (or the full amount available, if less, to maintain the contractual minimum balance). **This option is available for certain flexible premium annuities and Universal Life (UL) policies.**

**NOTE:**

1. A \$25 withdrawal fee will be automatically deducted from the cash value of UL policies.
2. If withholding is selected, your net check will be the amount requested.
3. All taxable distributions will be reported to the IRS.
4. If changing a UL loan to a partial withdrawal, all interest accrued will be charged.
5. Contractual charges will be automatically deducted from the value of Flexible Annuities and UL contracts.
6. Partial withdrawals on UL contracts may reduce the specified amount and create a need to increase future premium payments.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner Signature of Assignee (if any) Date

**Proceed to Section 3 – Federal Tax Information must be completed for this transaction**

2. ☐ **SURRENDER** Pay all of the value of this policy and terminate the insurance protection represented by this policy.

**NOTE:**

1. All taxable distributions will be reported to the IRS.
2. Contractual charges will be automatically deducted from the value of Flexible Annuities and UL contracts.

*(Please check one)*

- ☐ Policy returned with original request.  
☐ The policy to be surrendered is enclosed. (Just return the Specifications Page, usually the first page.)  
☐ My policy has been lost, destroyed, stolen, or cannot be located at this time. If the original policy is found, I will return it to you.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner Signature of Assignee (if any) Date

**Proceed to Section 3 – Federal Tax Information must be completed for this transaction**

3. ☐ **FEDERAL TAX INFORMATION Withholding Election** (Social Security number must be completed for above transactions)

**Certification** – Under penalties of perjury I certify:

1. The number shown on this form is my correct taxpayer identification number (TIN) or I am waiting for a number to be issued.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. A FATACA code does not apply.

**Certification Instructions.** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition, or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. If Social Security number (SSN)/Tax Identification Number (TIN) is not supplied, federal and state income tax back-up withholding may apply. Failure to provide your correct SSN/TIN may result in a \$100 penalty under Internal Revenue Code 6723.**

*If Social Security number is not supplied, 10% federal and state income tax withholding may apply.*

Social Security number of Insured

Social Security number of Owner

**WITHHOLDING:** If you do not elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate. Refer to IRS form 1040-ES to calculate and submit estimated taxes. See attached Form W-4R for complete instructions. **(If election is not specified, we will automatically withhold 10%.) \*This election includes any State withholding if mandatory.**

*Please make your election below.*

☐ **NO, DO NOT** withhold federal income tax from my distribution.

☐ **YES, DO** withhold federal income tax from my distribution.

Withhold flat amount \$ \_\_\_\_\_ Withhold percentage \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner Signature of Assignee (if any) Date

**CAUTION:** The taxable portion of a withdrawal from an Annuity policy may be subject to a 10% premature distribution penalty if age is not 59 ½. You may want to consult a tax advisor.



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## 4. ☐ MANDATORY WITHHOLDING OF 20% APPLIES TO HR-10, 403B, 501C(3), XPT DISTRIBUTIONS

Effective 1-1-93, the Unemployment Compensation Amendment of 1992 requires a mandatory 20% withholding on HR-10, 403B, 501C(3) distributions paid to the individual. The distribution will be sent no less than 30 days from the date the notice is given on **HR-10 plans only. HARDSHIP WITHDRAWALS ON 403B-501C EXEMPT FROM MANDATORY WITHHOLDING.** Although you may not elect out of mandatory withholding, you may elect greater than 20%. Withhold flat amount \$ \_\_\_\_\_ Withhold percentage \_\_\_\_\_

☐ IRS notice 93-26 states that if certain requirements are met, the 30 days may be waived. I choose to waive the waiting period.

X \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Owner* *Signature of Assignee (if any)* *Date*

By signing I acknowledge that I have read the "Special Tax Notice" and understand the conditions.

## 5. ☐ POLICY LOAN Place a loan against the policy. (Not available for certain tax sheltered plans.)

☐ For the full amount available. ☐ For \$ \_\_\_\_\_ cash (or the full amount available, if less).

☐ To pay \_\_\_\_\_ months premium due on ☐ this policy ☐ Policy Number \_\_\_\_\_

By signing below, owner of policy acknowledges that any loan requested is a first lien on the policy which shall be deducted from any benefits or nonforfeiture values. The owner also represents that the policy is not assigned except as indicted below by signature of assignee, if any, and there are no proceedings in bankruptcy against them. (Policy not needed.)

X \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Owner* *Signature of Assignee (if any)* *Date*

## 6. ☐ PREMIUM DEPOSIT FUND (PDF) RIDER WITHDRAWAL

1. ☐ Withdrawal for the full amount available.

2. ☐ For \$ \_\_\_\_\_ cash (or the full amount available, if less).

3. ☐ For \$ \_\_\_\_\_ to pay premium due on Policy number \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Owner* *Signature of Assignee (if any)* *Date*

## 7a. ☐ PRESENT DIVIDENDS Apply present and accumulated dividends:

☐ To reduce premiums

☐ Toward policy loan payment

☐ To be paid in cash

☐ To accumulate at interest

☐ To buy paid-up additional insurance

☐ As follows \_\_\_\_\_

CHANGE DIVIDEND OPTION Apply future dividends as follows \_\_\_\_\_

## 7b. ☐ CHANGE DIVIDEND OPTION Apply future dividends as follows

## 8. ☐ EXERCISE NONFORFEITURE OPTION Apply the value of my policy to provide:

☐ Extended Term Insurance

☐ Reduced Paid-Up Insurance. Policy will be issued free of indebtedness unless you indicate otherwise in "Remarks" below.

## 9. ☐ ADD AUTOMATIC PREMIUM LOAN Whenever premiums become past due, a loan will be processed against the available cash value to pay the premiums. The policy must be paid current when the Automatic Premium Loan is added.

☐ SIGNATURES (FOR ITEMS 7 THROUGH 9) Please execute the request(s) I have checked above.

X \_\_\_\_\_ X \_\_\_\_\_  
*Signature of Owner* *Signature of Assignee (if any)* *Date*

Remarks: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_





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10. ☐ **CHANGE OF NAME** On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the Insured's name was changed by:

☐ marriage ☐ divorce ☐ adoption ☐ court order

From \_\_\_\_\_ To \_\_\_\_\_

Please print name

Please print name

If change is by marriage, please give spouse's full name \_\_\_\_\_

If change is by divorce, adoption, or court order, provide copies of legal documents to support the change.

11. ☐ **CHANGE OF ADDRESS**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

12. ☐ **STATEMENT AS TO LOST POLICY AND REQUEST FOR LOST POLICY CERTIFICATE**

1. The owner and all others who have signed below state that the policy and any duplicate or lost policy certificate issued previously cannot be located.
2. That no sale, pledge, gift, or assignment of the policy has been made except to any assignee who has signed below.
3. We request that the Kansas City Life Insurance Company issue a lost policy certificate. If the policy or lost policy certificate is found, we will return it to Kansas City Life Insurance Company.

☐ **SIGNATURES (FOR ITEMS 10 THROUGH 12)** Please execute the request(s) I have checked above.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner Signature of Assignee (if any) Social Security number Date

13. ☐ **CHANGE OF OWNERSHIP** This section is for simple change of ownership **only**. (For Trusts-List Full Name & Date of Trust)

At the request of \_\_\_\_\_, the owner, it is understood and agreed that all incidents of ownership and control of this Policy shall hereafter be vested in \_\_\_\_\_

Name of New Owner

Relationship

Date of Birth

Social Security number(s)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home and work phone \_\_\_\_\_

and all rights of the current owner shall hereby terminate.

If the said \_\_\_\_\_ shall die during the continuance of this policy, all incidents of ownership and control

(Not required if transferring to the Insured)

shall then be vested in \_\_\_\_\_

Name of Contingent Owner (List only one)

Relationship

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home and work phone \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Date Signature of Owner

X \_\_\_\_\_ X \_\_\_\_\_  
Date Signature new Owner

**Continue current billing?** ☐ YES ☐ NO (If "no" provide instructions for new billing and new bank authorization if applicable). If nothing is marked billing will continue under previous terms and conditions.

BELOW THIS LINE FOR HOME OFFICE USE ONLY

The above Change of Ownership will be recorded and made part of the policy file on the date it is received in "good order" at Kansas City Life Home Office. A letter will be sent to the policyowner at the address of record upon completion of the change.

Remarks: \_\_\_\_\_

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_





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## KANSAS CITY LIFE INSURANCE COMPANY CHANGE OF BENEFICIARY

To become a part of the policy file when recorded by the company at its Home Office.

**Please type or print in ink and use a separate form for each insured.**

**Policy number:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

*Unless specified otherwise below, I/We request that the death proceeds of the above policy be paid **equally** to all beneficiaries named below or to the survivor or survivors.*

**PRIMARY** (*Name, Relationship to the insured, Address, Phone number, Social Security number, and Date of Birth for each beneficiary.*)

**CONTINGENT** (*Name, Relationship to the insured, Address, Phone number, Social Security number, and Date of Birth for each beneficiary.*)

I also request that the policy provision for beneficiary changes be amended to provide that any beneficiary may be changed by written notice in a form satisfactory to the Company without endorsement of the policy; and the amendment will be made when this notice is received and is effective the date it was signed.

Please, **sign, date, and return** this form immediately to the Kansas City Life Insurance Company at 3520 Broadway/P.O. Box 219272/Kansas City, Missouri/64121-9272

X \_\_\_\_\_  
*Signature of Owner*                      *Date*                      *Owner's Social Security number*                      *(Area code) Phone number*

\_\_\_\_\_  
*Street address/P.O. Box*                      *City*                      *State*                      *ZIP*

*For Massachusetts only: Signature of Witness other than a beneficiary.* \_\_\_\_\_

**Note:** If Owner/Insured lives in a **community property state** and does not designate the spouse as primary beneficiary, please be aware that your spouse may have a statutory claim to a portion of the proceeds if the premiums were paid for with funds considered community property. You may wish to consult with an attorney to consider these issues.

### BELOW THIS LINE FOR HOME OFFICE USE ONLY

The above Change of Beneficiary will be recorded and made part of the policy file on the date it is received in "good order" at the Kansas City Life Home Office.

**A letter of notification will be sent to the policyowner at the address of record upon completion of the change.**





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## ACH Authorization Form

*Complete and return this form if you want your proceeds sent electronically to your bank.*

### Election of Direct Deposit Authorization to Bank or Savings Account

The undersigned hereby authorizes Kansas City Life Insurance Company, Old American Insurance Company, Security Benefit Group of Companies, or subsidiaries to make automatic payments to the payee and account identified below and authorizes the bank or savings institution to accept such deposits and make any necessary adjustments. It is agreed that these payments may be sent electronically or by mail to the authorized institution to be deposited. This authorization will remain in effect until the company receives written notification terminating the agreement. The Company reserves the right to retrieve funds deposited in error with no prior notification to the Account Holder.

**Policy Number(s):** \_\_\_\_\_

**Account Information** (circle one):    Checking    Savings

Name of Bank/Savings Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the Account: \_\_\_\_\_  
(Owner must be an account holder)

Phone: \_\_\_\_\_

X \_\_\_\_\_

*Notarized Signature of Owner*

**\*\*\*NOTARIZED SIGNATURE AND COPY OF VALID STATE IDENTIFICATION OR DRIVER'S  
LICENSE REQUIRED OR CHECK WILL BE MAILED TO ADDRESS OF RECORD\*\*\***

On the \_\_\_\_\_ day of \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described in and who executed the assignment and acknowledged to me that he or she executed the same.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Please attach voided check or Bank Verification form here

John Doe 123 Shady Lane Yourtown, AA 12345	2048 DATE _____ \$ _____ Your Savings & Loan Anywhere USA ⑆ 241022233 ⑆ 333962222 ⑆ 2048
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Routing number  
241022233  
(9 digits: begins w/  
01-12 or 21-32)

Account number  
333962222

Check number  
2048



**Withholding Certificate for Nonperiodic Payments and  
Eligible Rollover Distributions****Give Form W-4R to the payer of your retirement payments.**

OMB No. 1545-0074

**2025****1a** First name and middle initial

Last name

**1b** Social security number

Address

City or town, state, and ZIP code

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

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b>	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b>	%
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**Sign  
Here****Your signature** (This form is not valid unless you sign it.)**Date****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 of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**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. Your withholding choice (or an election not to have withholding on a nonperiodic 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.

**2025 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 page 2 for more information on how to use this table.

<b>Single or Married filing separately</b>		<b>Married filing jointly or Qualifying surviving spouse</b>		<b>Head of household</b>	
<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>
\$0	<b>0%</b>	\$0	<b>0%</b>	\$0	<b>0%</b>
15,000	<b>10%</b>	30,000	<b>10%</b>	22,500	<b>10%</b>
26,925	<b>12%</b>	53,850	<b>12%</b>	39,500	<b>12%</b>
63,475	<b>22%</b>	126,950	<b>22%</b>	87,350	<b>22%</b>
118,350	<b>24%</b>	236,700	<b>24%</b>	125,850	<b>24%</b>
212,300	<b>32%</b>	424,600	<b>32%</b>	219,800	<b>32%</b>
265,525	<b>35%</b>	531,050	<b>35%</b>	273,000	<b>35%</b>
641,350*	<b>37%</b>	781,600	<b>37%</b>	648,850	<b>37%</b>

\*If married filing separately, use \$390,800 instead for this 37% rate.



## General Instructions (*continued*)

**Nonperiodic 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 on line 2. 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-” on line 2. 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 territories.

**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 2025, 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% on line 2. 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 for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic 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-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

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

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (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 1 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 on line 2. (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 on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**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 to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is



greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

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**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 nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic 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 nonperiodic 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 on 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 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.