

SUPPLEMENTAL CONTRACT

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

Policy number _____ Annuitant _____ Owner (if other than annuitant) _____ Home and work phone _____

Income Option Contracts

Annuitant Date of Birth _____ Annuitant State of Birth _____

Provide a periodic income for:

- ☐ 1. Life: \$ _____ per _____ with _____ months guaranteed.
- ☐ 2. Life: \$ _____ per _____ installment refund, with return of proceeds guaranteed.
- ☐ 3. Life only: \$ _____ per _____ with no guarantee of total payments.
- ☐ 4. Life of two people: \$ _____ per _____ Joint and Survivor, _____% to Survivor, with _____ Months Guaranteed.
Joint payee name: _____ Date of birth _____ Social Security number _____
- ☐ 5. Life of two people: \$ _____ per _____ Joint and Survivor, _____% to Survivor, with no guarantee of total payments.
Joint payee name: _____ Date of birth _____ Social Security number _____
- ☐ 6. Specified period: \$ _____ per _____ for _____ months.
- ☐ 7. Specified amount: \$ _____ per _____ until proceeds and interest are exhausted.

Contract date _____ first payment date _____

Interest Option Contracts

Defer proceeds at interest with Company:

- ☐ 8. No right of withdrawal of proceeds – Defer proceeds at interest until _____, or death.
☐ A. Pay interest annually
☐ B. Interest to accumulate
Proceeds of \$5,000 or more resulting from death or policy maturity will receive a more favorable interest rate if left with the Company at least five years.
☐ Please check box if applicable.
- ☐ 9. With right of withdrawal of proceeds and interest – Defer proceeds at interest until _____, or death.
☐ A. Pay interest annually
☐ B. Interest to accumulate

(Please check one)

- ☐ The complete policy is enclosed. ☐ Complete policy returned with original request.
☐ Policy has been lost, destroyed, stolen, or cannot be located. If the policy is found or comes into my possession, I will return it to you.

Special instructions:

Federal Withholding Election Must Be Completed

Please make your election below. See attached Form W-4P for complete instructions. ***This election includes any state where withholding is mandatory.**

1. I elect not to have income tax withheld from my annuity payment. (Do not complete lines 2 or 3.) _____ ☐
2. I want my withholding from each periodic payment to be figured using the number of allowances and marital status shown.
(You may also designate a dollar amount on line 3.) _____
Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher single rate (Enter number of allowances) _____
3. I want the following additional amount withheld from each payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2 _____ \$ or % _____

If no election is made, Kansas City Life Insurance Company will withhold assuming Single, with no exemptions.

Taxpayer Identification Number – For all accounts – (Must be provided before contract becomes effective)

Enter your Taxpayer Identification Number in the appropriate box. For most individuals, this is your Social Security number.

Social Security number	OR	Employer Identification Number

Certification – Under penalties of perjury I certify:

- The number shown on this form is my correct taxpayer identification number (TIN) or I am waiting for a number to be issued.
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- A FATCA 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)/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 \$50 penalty under Internal Revenue Code 6723.**

OWNER/PAYEE <i>Please sign here</i>	Signature _____	Date _____	
	Joint payee signature _____	Date _____	

SUPPLEMENTAL CONTRACT

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

Policy number _____ Annuitant _____ Owner (if other than annuitant) _____ Home and work phone _____

Payee _____
(to receive income, interest, and/or proceeds)

Name _____ Address _____ Social Security number _____

Election of Beneficiary Designation

(Choose only one)

Option 1

Death of annuitant

Continue payments as original payee to primary beneficiary.

Name _____	Relationship _____	Address _____	Social Security number _____	Equally to the Survivors or Survivor
If living, otherwise to contingent beneficiary(ies). _____				

Death of owner (if other than annuitant)

Continue payments as original payee to primary beneficiary.

Name _____	Relationship _____	Address _____	Social Security number _____	Equally to the Survivors or Survivor
If living, otherwise to contingent beneficiary(ies). _____				

☐ Yes – I elect to have the spendthrift provision. My beneficiary(ies) **must** continue payments and may not take the commuted value in a single sum. (Spendthrift provision protects the income payments from creditors, in the event of death of any payee.)

Option 2

Death of annuitant

Commuted value of any remaining payment paid in one sum to primary beneficiary.

Name _____	Relationship _____	Address _____	Social Security number _____	Equally to the Survivors or Survivor
If living, otherwise to contingent beneficiary(ies). _____				

Death of owner (if other than annuitant)

Commuted value of any remaining payment paid in one sum to primary beneficiary.

Name _____	Relationship _____	Address _____	Social Security number _____	Equally to the Survivors or Survivor
If living, otherwise to contingent beneficiary(ies). _____				

Note: Contingent beneficiary must include full name, relationship, address, and Social Security number.



SUPPLEMENTAL CONTRACT

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

Policy number _____

Annuitant _____

Owner (if other than annuitant) _____

Home and work phone _____

Common Disaster

If the primary beneficiary dies at the same time as the insured, or within 15 days* of the insured's death; and we have not paid the proceeds to the primary beneficiary within this 15-day* period, the remaining proceeds will be distributed to the contingent beneficiary, if named, otherwise to the insured's estate.

*May be increased in increments of five days, not to exceed 180 days, at your discretion. Please indicate the total number of days desired, if other than 15, and your contract will be issued accordingly.

Total days for common disaster _____

Signature

Please record the beneficiary designation and common disaster limitations as completed above and apply the proceeds of the policy(ies) to the option checked on the front of this form.

OWNER <i>Please sign here</i>	Signature _____ Date _____
---	--

Signature of writing agent _____

Agent code _____

Agency number _____

Agency name _____



SUPPLEMENTAL CONTRACT

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

Policy number _____

Annuitant _____

Owner (if other than annuitant) _____

Home and work phone _____

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		2048
123 Shady Lane		DATE _____
Yourtown, AA 12345		
PAY TO THE ORDER OF _____		\$ []
Your Savings & Loan		
Anywhere USA		
⋮ 241022233 ⋮ 333962222 ⋮ 2048		

Routing number
241022233
(9 digits: begins w/
01-12 or 21-32)

Account number
333962222

Check number
2048

**Withholding Certificate
for Periodic Pension or Annuity Payments**

OMB No. 1545-0074

2024

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.)		

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 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 one, 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

General Instructions

Section references are to the Internal Revenue Code.

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 1a, 1b, 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 chose 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. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

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

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

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

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

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

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

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

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann 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 Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she 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). She 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 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

Specific Instructions *(continued)*

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 2024 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 2024, 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 2024 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: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately }	2	\$
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: • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 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.