

1. Policy Number(s)

List policy number(s)

2. Deceased Information

Deceased's full name

3. Claimant Information

Claimant's full name

Date of birth (mm/dd/yy)

Relationship to deceased

Address

Social Security number or Tax identification number

City, State, ZIP

Daytime phone number

Email address

Are you a U.S. citizen?

☐ Yes ☐ No If "no", list country in which you are a citizen:

4. Delivery Method

- ☐ United States Postal Service 1st Class Mail (Free – No postage charge will be deducted from your check.)
- ☐ FedEx (Shipping cost will be deducted from your check.) (There are no deliveries to P.O. Boxes.)
- ☐ USPS Express Mail (Postage will be deducted from your check.) (Next day delivery is not guaranteed.)

5. Settlement Options (Choose only one option from A-D)

National Western Life, its agents, and its employees are not authorized to provide tax advice. Please consult a tax advisor regarding the potential tax consequences of your below election.

Please note: Every option available below may not be available on every policy. Please consult your policy for the options available. ONCE AN OPTION HAS BEEN ELECTED, IT CANNOT BE CHANGED.

☐ **A. Spousal Continuation**
☐ **B. Lump Sum Payment**
☐ **C. Installment Payments (Choose only one)**

- ☐ **Income for Fixed Period** – proceeds are paid in equal installments for a specific number of years. Upon your death any remaining payments will be paid to your beneficiary(ies) that you list in section 5.

Number of years: ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ Other: _____

Payment frequency (check one): ☐ Monthly ☐ Quarterly* ☐ Semi-annually* ☐ Annually*

*Payments are deferred 3, 6, or 12 months respectively, following date of death.

- ☐ **Income for Life** – proceeds are paid in equal installments for your lifetime. Upon your death, payments cease. There is no successor payee provision under this benefit election.

Payment frequency (check one): ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

- ☐ **Life Income with Guaranteed Period** – proceeds are paid in equal installments for guaranteed number of payments referred to as the Period Certain, and then for as long as you are living. Upon your death, but prior to the end of the Guaranteed Period, any remaining payments, will be paid to your beneficiary(ies) that you list in section 5. If you die after the Guaranteed Period, payments will cease upon your death.

Number of years: ☐ 5 ☐ 10 ☐ 15 ☐ 20

Payment frequency (check one): ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ **D. Lump Sum Transfer to New Policy**

- ☐ **Contract set up with an external company** – a transfer form and letter of acceptance are required including a corporate resolution or signature guarantee.

- ☐ **Spousal transfer to a National Western Life contract** – if you are a spouse of the deceased and are electing to transfer to a new National Western Life contract, new business paperwork must be received in good order before payment can be processed.

National Western Life Insurance Company®

PO Box 209080, Austin, TX 78720-9080 | 10801 N Mopac Expy Bldg. 3, Austin, TX 78759

6. Beneficiary Designation – Only complete if electing spousal continuation (A) or installment payments (C).

If a trust beneficiary is designated the Trust Information Form (DM-1094) will need to be submitted to our office. Complete all fields for each Beneficiary designated to ensure benefits are provided. Percentages must be listed and fractions are not accepted. Percentage of proceeds must equal 100%. If additional space is needed, please attach a separate sheet of paper with the designation. Please also include the policy number, your signature, and date.

Name	Beneficiary type: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percent of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per capita <input type="checkbox"/> Per stirpes
Email Address	Daytime phone number	

Name	Beneficiary type: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percent of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per capita <input type="checkbox"/> Per stirpes
Email Address	Daytime phone number	

Name	Beneficiary type: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percent of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per capita <input type="checkbox"/> Per stirpes
Email Address	Daytime phone number	

Name	Beneficiary type: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percent of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per capita <input type="checkbox"/> Per stirpes
Email Address	Daytime phone number	

7. Tax Withholding Election

We are required, for Federal income tax purposes, to withhold 10% of the taxable gain in your claim payment for non-periodic distributions unless you indicate below that you do not want Federal income taxes withheld. For periodic distributions under the installment payments described above, National Western Life Insurance Company® may be required to withhold as if you had elected or failed to elect a certain number of adjustments on your form W-4P, unless you inform us you do not want Federal income taxes withheld.

For example, for 2024, the default rate will be single with no adjustments. This default rate may be changed by the IRS in later years.

In addition, certain states require that you have state income tax withheld if you have Federal income tax withheld from your distributions.

Please complete only item 1 or 2 below for your tax withholding election.

1. For Federal and State income tax withholding on a **non-periodic** distribution:

- ☐ I do not want Federal income tax withheld from the taxable portion of my distribution check, and have attached a completed W-4R to this form. **If a W-4R has not been provided, or the W-4R contains an incorrect SSN, 10% withholding will apply.**
- ☐ I want Federal tax withheld from the taxable portion of my distribution check at a rate between 0% and 100%, and have attached a completed W-4R to this form. **If a W-4R has not been provided, or the W-4R contains an incorrect SSN, 10% withholding will apply.**
- ☐ I want State income tax withheld at a rate of _____ %.

Please note that if your payments of estimated tax are inadequate and a sufficient amount of tax is not withheld from any distribution, penalties may be assessed under estimated tax rules. Certain states may require a mandatory default rate of withholding in the event Federal withholding is elected, requiring the mandatory default rate to be used in place of the State rate described above, unless a higher rate was elected. For Connecticut and Michigan, failure to provide a properly completed CT-W4P or MI-W4P will result in a mandatory withholding rate of 6.99% (CT) or 4.05% (MI), regardless of whether federal withholding has been elected. These rates may be changed from time to time.

2. For Federal and State income tax withholding on **periodic** distributions:

- ☐ I do NOT want Federal income tax withheld, or
- ☐ I want Federal income tax withheld, and have attached a completed W-4P. If I have not attached a completed W-4P to this sheet, I understand the Federal default withholding rate will apply. I understand that this default rate may be changed by the IRS in later years.
- ☐ I want tax withheld for State income tax purposes. I have attached a completed copy of my State's withholding form for reference if applicable, and if not, I understand tax will be withheld at my State's default withholding rate if State withholding is required.

Please note that if your payments of estimated tax are inadequate, and a sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules. Certain States may require State withholding in the event you have elected Federal withholding.

For Connecticut and Michigan, failure to provide a properly completed CT-W4P or MI-W4P will result in a mandatory withholding rate of 6.99% (CT) or 4.05% (MI), which rates may be changed from time to time.

8. Direct Deposit

If electing installment payments as your settlement option, by signing below and providing a voided check you elect to have your payment sent via ACH. If you leave blank you will receive a paper check.

- ☐ **Checking account** – a voided check with a pre-printed name is required. Starter checks and deposits slips are not accepted. A bank letter can also be submitted. Provide a letter on your bank's letterhead, signed by a bank official, with your name, account number and routing number.
- ☐ **Savings account** – a bank letter is required. Provide a letter on your bank's letterhead, signed by a bank official, with your name, account number and routing number. Not available for money market or other types of cash accounts.

I authorize you and the financial institution indicated on my attached voided check to automatically deposit my annuity installment payment. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to National Western Life the corrected amount. This authorization will remain in effect until I have canceled it in writing.

Note: If supporting documentation is not received or not in good order, claim payment will not be delayed. A paper check will be issued for incomplete ACH requests.

EFT Routing number		Account number	
Bank Name	Address		Phone number

All financial institution account holders must sign.

Signature of account holder	Date (mm/dd/yyyy)
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Attach a copy of the voided check to a separate sheet of paper and include with this form.

National Western Life Insurance Company®

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9. Signature Verification

To help the government fight the funding of terrorism and money laundering activities, the Federal law requires all financial institutions including insurance companies who offer certain products to obtain, verify, and record information that identifies each person who applies to purchase such products.

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 do not constitute an admission by the Company that there is any insurance in force on the life in question, nor a waiver of its rights or defenses.

Under penalty of perjury, I certify that:

- (1) The Social Security number/tax ID number I have entered is correct (in section 3) – or I am waiting for a number to be issued to me; and
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; (b) I have not been notified by the 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 the backup withholding; and
- (3) I am a U.S. citizen or other U.S. person (all foreign individuals/organizations must complete a W-8 BEN).

Cross through number 2 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

Print name of claimant	Social Security Number/tax ID number
Signature of claimant	Current date (mm/dd/yyyy)

Note: Please return all pages of this form. Failure to properly complete this form may cause a delay in processing your claim. Before remitting to the Company, please make sure all applicable sections are complete

State Statement Fraud – Please refer to the fraud statement for your state.

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.

Arizona: For your protection Arizona law requires 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.

Arkansas: 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.

For 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or 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 or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder 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: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: 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 an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance 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.

Louisiana: 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.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: 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 CIVIL FINES AND CRIMINAL PENALTIES

New York: Any Person who 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 stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he 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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: 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.

Tennessee: 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.

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: 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.

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.

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 possessions.
- 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.

2 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) ►		2	%
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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.

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.

2022 Marginal Rate Tables					
Single or Married filing separately		Married filing jointly or Qualifying widow(er)		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%
12,950	10%	25,900	10%	19,400	10%
23,225	12%	46,450	12%	34,050	12%
54,725	22%	109,450	22%	75,300	22%
102,025	24%	204,050	24%	108,450	24%
183,000	32%	366,000	32%	189,450	32%
228,900	35%	457,800	35%	235,350	35%
552,850*	37%	673,750	37%	559,300	37%

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 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 2022, 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: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum 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 \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$54,725 but less than \$102,025, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$54,725 but less than \$102,025, 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 \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$23,225 but less than \$54,725, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$54,725 but less than \$102,025, the corresponding rate is 22%. The two rates differ. \$12,225 of the \$20,000 payment is in the lower bracket (\$54,725 less your total income of \$42,500 without the payment), and \$7,775 is in the higher bracket (\$20,000 less the \$12,225 that is in the lower bracket). Multiply \$12,225 by 12% to get \$1,467. Multiply \$7,775 by 22% to get \$1,710.50. The sum of these two amounts is \$3,177.50. This is the estimated tax on your payment. This amount corresponds to 15.9% of the \$20,000 payment (\$3,177.50 divided by \$20,000). Rounding up to the next whole number, enter “16” on line 2.

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 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.

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.