Instructions for completing proof of death claimant's statement

P.O. Box 10385, Des Moines, IA 50306-0385

We have prepared this claim kit to assist you in filing a claim for Annuity death benefits. It is important that we receive all of the information requested.

Death claim document requirements - The following documents are required to file a claim.

- **A death certificate.** With cause and manner of death. If there are multiple beneficiaries on a Contract, only one Beneficiary needs to supply. Please reference your letter to determine if an original or copy of a death certificate is required.
- A completed **Annuity proof of death claimant statement** (14497Y)*.
- Any additional requirements listed below, or requested by us.

Special instructions and additional requirements

- If the proceeds are payable to the **Estate**, the executor or administrator of the deceased's Estate must complete the Annuity claimant statement. A **Court certificate of appointment** is 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 of Employer Identification number (EIN). Consult your tax advisor for additional tax filing questions.
- If the proceeds are payable to a **Trust**, a completed **Certification of Trust** form (19306Y)* is required. For questions on how to complete this form, consult your legal advisor or Trust preparer. If proceeds are payable to a **Charitable Trust** the **Certification of charitable Trust** form (26742Y) is required. For questions on how to complete this form, consult your legal advisor 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 Annuity claimant statement. A **Court certificate of appointment** is required.
- If the proceeds are payable to a Beneficiary with a **power of attorney** and the **attorney-in-fact** completes the claimant statement, completion of the **Certificate of power of attorney** form (19656Y)* is required. If the Beneficiary is unable to sign, include the full power of attorney document and explanation as to why the Beneficiary is unable to sign the Certificate of power of attorney.
- **If a Beneficiary is deceased,** a 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 (10774Y)* are required.
- If the Beneficiary designation is **surviving children**, a completed and notarized **Affidavit of surviving children** form (11734Y)* is required from one surviving child.
- If required by state regulations, a **state tax consent form**. If this form is required for your state, it will be enclosed within the packet.
- If the proceeds are payable to a **Beneficiary** who is **not a U.S. citizen or a U.S. person**, a IRS W-8BEN* form is required. 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, submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).
- When Beneficiary designation is applicable, designate Per Stirpes or Per Capita. If an election is not made then by default it will be Per Capita. Per Stirpes designations require a listing of the children on a separate piece of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth and social security numbers.
  - Per Stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children will share equally in his or her share of the proceeds.
  - Per Capita definition: Proceeds are split amongst the beneficiaries that survive the Owner/Annuitant. If one of the Beneficiaries does not survive the Owner/Annuitant then the remaining Beneficiaries receive the proceeds split equally.

* We invite you to visit our website at **MidlandNational.com/annuity-claim-forms** for helpful brochures that provide additional information on settlement options that may be available to you, frequently asked questions about the claim process and electronic versions of the claims forms. Copies of the documents found on our website can be obtained by calling our claims department at the number listed below. If you have questions or need assistance on how to complete a form please call us toll-free at **877-880-6367**. We are available Monday through Thursday from 7:30 a.m. to 5:00 p.m. (central time) and Friday from 7:30 a.m. to 12:30 p.m. (central time). A service professional will be happy to take your important call.

Important note: All applicable pages of the Life/Annuity Proof of Claimant's Statement must be returned for acceptance. Any forms containing white out will not be accepted and will require a new form to be completed.

Our mailing address is:
Midland National® Life Insurance Company
Annuity Division
P.O. Box 10385
Des Moines, IA 50306-0385

Our overnight mailing address is:
Midland National® Life Insurance Company
Annuity Division
8300 Mills Civic Parkway
West Des Moines, IA 50266

Annuity proof of death claimant's statement

P.O. Box 10385, Des Moines, Ia 50306-0385

CLEAR ALL

VERY IMPORTANT: Before completing this statement, please read all instructions on the instruction page.
A death certificate with a cause and manner of death is required when filing a claim. Return all applicable pages of this form.

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. Such person may be subject to fines and/or confinement in prison.

1. Contract number(s)

List Policy/Contract number(s)		

2. Deceased information

Deceased's full name

3. Claimant information

Claimant's full name	Date of birth (mm/dd/yyyy)	Relationship to deceased
Address		Social Security number or Tax identification number
City, State, ZIP		State of residence
Email address		Daytime phone number

Are you a U.S. citizen?

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

Please reference your letter to determine if an original or copy of a death certificate is required. Original death certificates submitted are not returned. Contact us immediately following submission if you have any concerns.

4. Settlement options (choose only one option from A–E)

☐ **A. Settlement option — spousal continuance**

Available only if you are the deceased Owner's spouse and the sole Owner's Primary Beneficiary. By choosing the spousal continuation option you will become the new Owner of the Contract and will be entitled to all benefits available under the Contract. By electing this option you hereby acknowledge and understand that Midland National® Life Insurance Company ("the Company") does not provide tax advice, and that by electing certain transactions you are representing that you are currently legally married to the person listed as your spouse or were legally married to that person at the time of his/her death, you are eligible and qualified for this transaction, and that the Company is relying upon your representation. You acknowledge and understand that you may contact your own legal or tax advisor if you have any questions regarding your election of the transactions herein, and you agree to indemnify and hold the Company harmless from any negative consequences resulting from your elections herein. Review the Spousal continuance flyer (10460Y)*. Complete section 5 to name a Beneficiary(ies) to receive the Contract proceeds in the event of your death.

☐ **B. Settlement option — lump sum payment¥**

☐ **Lump sum via an access account** (refer to the retained asset account notice to determine if this election is available) – Review the Access account flyer (14446Y)* that is included in the death claim kit for additional information (minimum amount $15,000). Complete section 5 to name a Beneficiary(ies) to receive the Contract proceeds in the event of your death.

☐ **Lump sum via Automated Clearing House (ACH)**
- If electing the ACH, the ACH information found on page 4 is required to be completed in full.

☐ **Lump sum via check**

¥ If settlement option of lump sum payment is chosen but a preferred method of distribution is not selected the distribution will be sent via check.

☐ **C. Settlement option — annuity payment plan**

IMPORTANT: For non-qualified plans the period certain/specified amount may not extend beyond the life expectancy of the Beneficiary (or if there are multiple beneficiaries, the life expectancy oldest Beneficiary) as determined by the IRS single life expectancy table for beneficiaries.

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. 5 years minimum to 9 years maximum available.

☐ **Income for specified period —** proceeds 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:_____(minimum of five years)

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

☐ **Life Annuity —** proceeds paid in equal installments for your lifetime. Upon your death, payments cease. (Complete the enclosed life only disclaimer statement (8968Y)* and send a copy of your birth certificate or driver's license).

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

☐ **Life Annuity with period certain —** proceeds paid in equal installments for guaranteed number of payments, and then for as long as you are living. Upon your death, but prior to the end of the Period Certain, any remaining payments will be paid to your beneficiary(ies) that you list in section 5. Upon your death, but after the period certain, payments cease. (Send a copy of your birth certificate or driver's license).

Number of years:_____(minimum of five years)

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

☐ **Income for a specified amount —** proceeds paid as a specified amount until the principal and interest are exhausted. Upon your death, any remaining principal and interest will be paid to your Beneficiary(ies) that you list in section 5.

Amount:_____(minimum payout length is five years)

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

¥¥ If monthly mode is selected, the method of payment must be ACH (Automated Clearing House)

☐ **D. 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. If Contract proceeds are being placed in a new Contract with Midland National, new business paperwork must be received and be in good order prior to our making payment. If Contract proceeds are being placed with another company, transfer paperwork and a letter of acceptance are required.

☐ **E. Settlement option —** inherited IRA

☐ **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.

5. Beneficiary designation - This section will need to be completed if an election of spousal continuance (A) or annuity payment plan (C) is chosen.

If a Trust Beneficiary is designated the Certification of trust form (19306Y)* will need to be submitted to our office. If a charitable trust is listed as a Beneficiary the Certification of Charitable Trust form (26742Y)* must be attached. Complete all fields for each Beneficiary that you are designating to ensure benefits are provided to your Beneficiary. **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 that also includes the Contract number and your signature.

Name	Beneficiary type: ☐ Primary or ☐ Contingent	Relationship
Mailing address	Social Security number	**Percent** of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per capita ☐ Per stirpes
Email address		Daytime phone number

Name	Beneficiary type: ☐ Primary or ☐ Contingent	Relationship
Mailing address	Social Security number	**Percent** of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per capita ☐ Per stirpes
Email address		Daytime phone number

Name	Beneficiary type: ☐ Primary or ☐ Contingent	Relationship
Mailing address	Social Security number	**Percent** of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per capita ☐ Per stirpes
Email address		Daytime phone number

Trust name	Trustee name(s)	
Trust mailing address	Beneficiary type: ☐ Primary or ☐ Contingent	**Percent** of proceeds
City, State, ZIP	Trust tax identification number	☐ Per capita ☐ Per stirpes
Trustee email address	Trust date (mm/dd/yyyy)	Trustee daytime phone number
Trustee Social Security number	Trustee date of birth (mm/dd/yyyy)	

6. Hold harmless agreement

The undersigned claimant agrees to hold harmless and indemnify Midland National® Life Insurance Company ("the Company") and its subsidiaries and affiliates, and all its officers, directors, employees and legal representatives (together referred to as "the Company") 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 the Companys' payment of the death claim proceeds to the Beneficiary in connection with the annuity Contract for which this claim is made.

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).

7. Signature verification — important information about the USA Patriot Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA Patriot Act, which requires banks, including the bank we utilize for your access account, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank.

In order to comply with the USA Patriot Act, we must verify the name, address (no P.O. boxes), date of birth and Social Security number or other tax identification number of all access account Owners.

We are required, for Federal income tax purposes, to withhold 10% of the taxable gain in your claim payment unless you indicate below that you do not want Federal income taxes withheld. In addition, certain states require that you have state income tax withheld if you have Federal income tax withheld from your claim.

8. Federal election of withholding

See the instructions on page 8-9 and Marginal Rate Tables for additional information.

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%. 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)

9. State election of withholding

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** _____**%**

Federal and State withholding election will apply to all Contracts listed on this Claimant Statement unless specific withholding instructions are provided.

10. ACH Method of payment

If electing the lump sum via ACH or annuity payment plan as your settlement option, by signing below and providing a voided check you elect to have your payment sent ACH. If you leave blank for annuity payment election you will receive a paper check. Note: If you are selecting a monthly mode that electronic funds transfer is required.

☐ **Checking account —** a voided check with a pre-printed name is required. Starter checks and deposit 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 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.

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

Routing number	Account number

Bank name	Address	Phone number

All financial institution account holders must sign.

Signature of account holder	Date (mm/dd/yyyy)

Attach a copy of the voided check to a separate sheet of paper and include with this form.

Please ensure you sign and date page 7 and return all applicable pages to our office.

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/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."
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."

Claims fraud warnings – state variations *(continued)*

State	Variation
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."
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."

11. Acknowledgments and signatures

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 was 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; or (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.

Printed name of claimant	Social Security number
Signature of claimant	Current date (mm/dd/yyyy)

Note: Please return all applicable pages of this form.

Note: Your signature must be a wet signature. We do not accept Electronic Signatures.

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

*Use the information provided on **pages 8–9** to guide you in completing withholding **section 8 on 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*.

Purpose of form. Complete **section 8 on page 4** 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 pages 8-9 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 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 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.

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 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%**
15,000	**10%**	30,000	**10%**	22,500	**10%**
26,925	**12%**	53,850	**12%**	39,500	**12%**
63,475	**22%**	126,950	**22%**	87,350	**22%**
118,350	**24%**	236,700	**24%**	125,850	**24%**
212,300	**32%**	424,600	**32%**	219,800	**32%**
265,525	**35%**	531,050	**35%**	273,000	**35%**
641,350*	**37%**	781,600	**37%**	648,850	**37%**

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

For Privacy Act and Paperwork Reduction Act Notice, see page 9.

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 in **section 8, 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 have no federal income tax withheld by entering "-0-" i. 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 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% in **section 8, 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, (b) distributions required by federal law, such as required minimum distributions, (c) Eligible distributions to a domestic abuse victim, (d) Qualified disaster recovery distributions, (e) Qualified birth or adoption distributions, and (f) 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-" in **section 8, 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 on in **section 8, page 4**.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in **section 8, 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 8 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 8, 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 8, page 4.** *(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 in **section 8, 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 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" in **section 8, page 4**.

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" in **section 8, page 4**.

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