



# APPLICATION FOR SETTLEMENT OPTION BENEFITS

## BENEFICIARY DESIGNATION

I hereby revoke all prior designations of Beneficiary and optional modes of settlement.

The new beneficiary Designation shall be as follows: *(Not applicable if Life Only or Joint Life Only Option is selected)*

Primary Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			
Contingent Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			

## CONSENT OF SPOUSE

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse Signature

## FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED):

You must indicate if federal/state income tax should be withheld from your payment. Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, is not adequate. If you have any questions about your tax liability, please contact your tax advisor. You have the right to revoke this election at any time. This election remains effective until revoked.

**Select One:**

- I **DO NOT** want federal/state income tax withheld from my payment.
- I **DO** want federal/state income tax withheld from my payment.  
*(The minimum amount of tax withholding is \$10.00)*
- FEDERAL \_\_\_\_\_% STATE \_\_\_\_\_%  
 In which state do you file income taxes? \_\_\_\_\_

If you are a tax resident in any of the following states/jurisdictions please see state specific instructions below: **ARIZONA, IOWA, KANSAS, MAINE, MASSACHUSETTS, MICHIGAN, NEW YORK, NEBRASKA, or OKLAHOMA**

**STATE SPECIFIC INSTRUCTIONS:**

- ARIZONA residents:** If you want to have Arizona state taxes withheld, you must submit form A-4P.
- MICHIGAN residents:** State taxes will be withheld at the statutory rate unless you submit form MI W-4P.
- IOWA, KANSAS, MAINE, MASSACHUSETTS, NEBRASKA, or OKLAHOMA residents:** If federal withholding is elected, applicable state withholding will be withheld.
- NEW YORK residents:** If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on payments payable over a period of longer than one year

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Owner's Initials Joint Owner's Initials

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TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

\_\_\_\_\_  
Social Security Number

OR

\_\_\_\_\_  
Employer Identification Number

TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number; and
- 2. I am not subject to backup withholding due to failure to report interest and dividend income; and
- 3. I am a U.S. Citizen or other U.S. Person (defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

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

**X**

\_\_\_\_\_  
Contract Owner's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Contract Joint-Owner's Signature (if applicable)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date