



# Qualified or Non-Qualified Single Premium Immediate Annuity Application

Please Print

### OWNER

- 1. Owner's Name \_\_\_\_\_
- 2. Address \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- 3. Social Security or Tax Identification Number \_\_\_\_\_

### SUCCESSOR OWNER

- 18. Successor Owner's Name \_\_\_\_\_
- 19. Address \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- 20. Social Security or Tax Identification Number \_\_\_\_\_

### ANNUITANT

- Annuitant same as Owner. Do not complete 4 through 6.
- 4. Primary Annuitant's Name \_\_\_\_\_
- 5. Address \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- 6. Social Security or Tax Identification Number \_\_\_\_\_
- 7. Age \_\_\_\_\_
- 8. Date of Birth \_\_\_\_\_
- 9. Place of Birth (City and State) \_\_\_\_\_
- 10. Sex  Male  Female
- 11. Marital Status \_\_\_\_\_
- 12. Maiden Name \_\_\_\_\_
- 13. Does the Annuitant have any other annuities or insurance with Union Central? (If "Yes", list policy numbers)  Yes  No

### JOINT ANNUITANT

- 21. Joint Annuitant's Name \_\_\_\_\_
- 22. Address \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- 23. Social Security or Tax Identification Number \_\_\_\_\_
- 24. Age \_\_\_\_\_
- 25. Date of Birth \_\_\_\_\_
- 26. Place of Birth (City and State) \_\_\_\_\_
- 27. Sex  Male  Female
- 28. Marital Status \_\_\_\_\_
- 29. Maiden Name \_\_\_\_\_
- 30. Does the Annuitant have any other annuities or insurance with Union Central? (If "Yes", list policy numbers)  Yes  No

### BENEFICIARY NAME AND ADDRESS

- 14. Primary \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_
- 15. Contingent \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_

### PAYEE

- 31. During the lifetime of the Annuitant, the Payee while living shall be:  
Payee will be annuitant unless otherwise indicated here  
Name \_\_\_\_\_  
Address \_\_\_\_\_

### REMARKS

- 32. Remarks \_\_\_\_\_
- 33. DIRECT DEPOSIT  Check here for more information regarding Direct Deposit

- 16. Will the Annuity applied for replace any other insurance or annuity?  Yes  No (If "Yes", explain) \_\_\_\_\_

- 17. Premium/Deposit Amount (enter exact or, if rollover, approximate amount) \$ \_\_\_\_\_
- Check Attached
- Use Union Central proceeds from policy number \_\_\_\_\_
- 1035 exchange [UC 2137 (qualified) or UC 1117 (nonqualified) attached]

**34. PLAN**

- |   |   |  |
|---|---|--|
| <p>A. <input type="checkbox"/> Qualified<br/><input type="checkbox"/> Non Qualified</p> <p>B. <input type="checkbox"/> Life Annuity Only<br/><input type="checkbox"/> Life Annuity with a Certain Period<br/><input type="checkbox"/> 5 years Certain Period<br/><input type="checkbox"/> 10 years Certain Period<br/><input type="checkbox"/> 15 years Certain Period<br/><input type="checkbox"/> 20 years Certain Period</p> | <p><input type="checkbox"/> Certain Period Only<br/><input type="checkbox"/> 5 years Certain Period<br/><input type="checkbox"/> 10 years Certain Period<br/><input type="checkbox"/> 15 years Certain Period<br/><input type="checkbox"/> 20 years Certain Period</p> <p><input type="checkbox"/> Installment Refund<br/>(available for single life expectancy only)</p> <p><input type="checkbox"/> Fixed Amount<br/>\$ _____</p> <p><input type="checkbox"/> Other _____<br/>_____</p> | <p>C. The above plan is to be based on a:<br/><input type="checkbox"/> Single Life Expectancy<br/><input type="checkbox"/> Joint Life Expectancy<br/>(the combined life expectancy of the Annuitant and the Joint Annuitant; not applicable to Certain Period only or Fixed Amount Plans)</p> <p>D. Survivor Benefit<br/><input type="checkbox"/> 100%    <input type="checkbox"/> 50%    <input type="checkbox"/> 2/3</p> <p>E. Providing Annuity Installments:<br/><input type="checkbox"/> Monthly    <input type="checkbox"/> Semiannually<br/><input type="checkbox"/> Quarterly    <input type="checkbox"/> Annually</p> |
|---|---|--|

**IMPORTANT NOTICE · NOTICE OF WITHHOLDING · ANNUITANT READ CAREFULLY**

The disbursements you receive from The Union Central Life Insurance Company are subject to federal income tax withholding *unless* you elect not to have withholding applied. If you do not want any federal income tax withheld from the requested disbursements, SIGN and DATE in this section; THEN complete the balance of this form to complete the transaction. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on this disbursement. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

<b>ELECTION TO HAVE WITHHOLDING APPLY:</b>	_____ % or \$ _____ per Annuity Installment (amount withheld will be 10% of the taxable distribution unless indicated otherwise here)
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<b>ELECTION NOT TO HAVE WITHHOLDING APPLY:</b>	I do not want to have federal income tax withheld from my distribution
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Signed (Annuitant) _____	Date _____
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**NOTE: PROOF OF DATE OF BIRTH MUST ACCOMPANY THIS APPLICATION**

Proof of the date of birth of the Annuitant must be furnished by a certified copy of public or church record; or by sworn copy of private record or family Bible, made on or about the said date; or (if the applicant makes affidavit that such record cannot be had), by affidavit of two or more persons who have personal knowledge of the said date of birth; or by extract from a printed book of genealogy or biography. If none of the above can be obtained, a Life Insurance Policy or an Annuity Policy issued previously to the annuitant or a Military Record will be considered by the Company.

**ATTENTION ANNUITANT: TAXPAYER IDENTIFICATION VERIFICATION - PLEASE READ**

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (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 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 (does not apply to contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends). You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signed at _____	Date _____
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**AGENT'S SIGNATURE:  
STATEMENT OF AGENT**

I certify that: (1) the applicant signed this Application in my presence; (2) I am authorized and qualified to discuss the Contract herein applied for; and (3) to the best of my knowledge replacement  is  is not involved.

**ANNUITANT/OWNER SIGNATURES:**

Signature of Annuitant
Signature of Joint Annuitant
Signature of Owner (if other than Annuitant)
Signature of Successor Owner

Signature of Agent	Agent Number
Print Full Name of Agent	Agency Number

## Instructions for Application

This application takes only a couple of minutes to complete. Simply read each instruction below, then locate the corresponding box on the front of the application and proceed as stated in the instructions. If you have any questions please call an Annuity Client Service Representative at the Home Office.

### SIDE ONE

**OWNER** - Insert the owner's name, even if it is the same as the annuitant. If it is the same name, you do not have to fill in the owner's address.

**SUCCESSOR OWNER** - Joint ownership should be fairly rare. The signature of both owners are required for any exercise of ownership rights. In the event of the owner's death the successor owner will become the owner. If no successor owner is named the annuitant will become the owner.

**ANNUITANT** - There is no minimum or maximum age.

**JOINT ANNUITANT** - Complete joint annuitant section in full (if applicable).

**ANNUITANT'S PRIMARY BENEFICIARY** - The annuitant's beneficiary will receive the net death proceeds upon the death of the single annuitant or upon the death of the last annuitant in the case of joint annuitants.

**ANNUITANT'S CONTINGENT BENEFICIARY** - The annuitant's contingent beneficiary will receive the net proceeds upon the death of the annuitant if the annuitant's primary beneficiary predeceased the annuitant.

**PAYEE** - Complete the payee section only if the payee is someone other than the annuitant in number 4.

**REPLACEMENT** - Indicate if the issuance of this SPIA will discontinue, reduce or change any existing insurance or annuity contract.

**PREMIUM** - Specify the total premium from all sources. If the 1035 exchange amount is unknown, state an approximate amount but also list any additional funds being deposited. (Include form UC 1117 if a nonqualified 1035 exchange is to be transacted and UC 1478 if a qualified exchange is to be transacted)

### SIDE TWO

**PLAN** - Complete Sections A through E; A - check one; B - complete in full; C - should not be completed if a Certain Period Only or Fixed Amount plan is chosen; D - must be completed if the payment is based on a joint life expectancy. Determines the benefit upon the death of the primary annuitant; E - check one.

**WITHHOLDING** - If there is no election made an amount of 10% of the taxable distribution will be withheld.

**DATE OF BIRTH** - You must include an acceptable document as proof of the date of birth of the annuitant. This is not required for Certain Period Only and Fixed Amount plans.

**SIGNATURES** - A signature must be provided for each applicable party.

**The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240**

#### NOTICE

Accept only settlement in full and use the binding receipt hereto attached; otherwise the receipt must not be detached. See that the copy of the binding receipt in the application is filled in correctly

RECEIVED FROM \_\_\_\_\_

(\$ \_\_\_\_\_ ) \_\_\_\_\_ Dollars

being the single premium on an Annuity Policy for which application is made this day to THE UNION CENTRAL LIFE INSURANCE COMPANY, of Cincinnati. It is agreed that if said policy issued it will be in force from this date, subject to the conditions and terms of the policy contracts; otherwise the premium paid, as evidenced by this receipt, will be returned.

Dated \_\_\_\_\_ Agent

This is the only form of receipt for payment of premium in advance authorized by the Company.

**The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240**

# Withholding Certificate for Pension or Annuity Payments

## 2001

**Purpose.** This form is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities, including commercial annuities, and certain other deferred compensation. Use this form to tell payers the correct amount of Federal income tax to withhold from your payment(s). You also may use this form to choose **(a)** not to have any income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or **(b)** to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution as explained on

page 3. **Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2001.**

**What do I need to do?** Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to adjust your withholding allowances for itemized deductions, adjustments to income, or multiple pensions/more-than-one-income situations. If you do not want any income tax withheld, you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

### Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
- B** Enter "1" if: {
- You are single and have only one pension; or
  - You are married, have only one pension, and your spouse has no income subject to withholding; or
  - Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,000 or less.
- . . . . . **B** \_\_\_\_\_
- C** Enter "1" for your **spouse**. But, you may choose to enter -0- if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (This may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_
- E** Enter "1" if you will file as **head of household** on your tax return. . . . . **E** \_\_\_\_\_
- F Child Tax Credit** (including additional child tax credit):
- If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
  - If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children . . . . . **F** \_\_\_\_\_
- G** Add lines A through F and enter total here. **Note:** *This may be different from the number of exemptions you claim on your tax return.* . . . . . **G** \_\_\_\_\_
- For accuracy, complete all worksheets that apply. {
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
  - If you have more than one source of income subject to withholding or a spouse with income subject to withholding **and** your combined income from all sources exceeds \$35,000 (\$60,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
  - If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Cut here and give the certificate to the payer of your pension or annuity. Keep the top part for your records. -----

# Withholding Certificate for Pension or Annuity Payments

## 2001

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Type or print your full name	Your social security number .....
Home address (number and street or rural route)	Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code	

**Complete the following applicable lines:**

- 1** Check here if you **do not want any** Federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶
- 2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ▶ \_\_\_\_\_
- Marital status:  Single  Married  Married, but withhold at higher Single rate (Enter number of allowances.)
- 3** Additional amount, if any, you want withheld from each pension or annuity payment. **Note:** *For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2* . . . ▶ \$ \_\_\_\_\_

**Your signature** ▶ \_\_\_\_\_

**Date** ▶ \_\_\_\_\_

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2001 tax return.

- 1 Enter an estimate of your 2001 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2001, you may have to reduce your itemized deductions if your income is over \$132,950 (\$66,475 if married filing separately). Get Pub. 919 for details.) . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$7,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,650 \text{ if head of household} \\ \$4,550 \text{ if single} \\ \$3,800 \text{ if married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2001 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2001 income not subject to withholding (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than zero. . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 . . . . . **10** \_\_\_\_\_

#### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Complete only if the instructions under line G, page 1 direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **lowest** paying pension or job and enter it here . **2** \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter -0- on Form W-4P, line 2, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **highest** paying pension or job and enter it here . **7** \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed. . **8** \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2001. For example, divide by 12 if you are paid every month and you complete this form in December 2000. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_

**Table 1: Multiple Pensions/More-Than-One-Income Worksheet**

Married Filing Jointly				All Others	
If amount from <b>LOWEST</b> paying pension or job is—	Enter on line 2 above	If amount from <b>LOWEST</b> paying pension or job is—	Enter on line 2 above	If amount from <b>LOWEST</b> paying pension or job is—	Enter on line 2 above
\$0 - \$4,000 . . . . .	0	47,001 - 55,000 . . . . .	9	\$0 - \$6,000 . . . . .	0
4,001 - 8,000 . . . . .	1	55,001 - 65,000 . . . . .	10	6,001 - 12,000 . . . . .	1
8,001 - 14,000 . . . . .	2	65,001 - 70,000 . . . . .	11	12,001 - 17,000 . . . . .	2
14,001 - 19,000 . . . . .	3	70,001 - 90,000 . . . . .	12	17,001 - 22,000 . . . . .	3
19,001 - 25,000 . . . . .	4	90,001 - 105,000 . . . . .	13	22,001 - 28,000 . . . . .	4
25,001 - 32,000 . . . . .	5	105,001 - 115,000 . . . . .	14	28,001 - 40,000 . . . . .	5
32,001 - 38,000 . . . . .	6	115,001 and over . . . . .	15	40,001 - 50,000 . . . . .	6
38,001 - 42,000 . . . . .	7			50,001 - 65,000 . . . . .	7
42,001 - 47,000 . . . . .	8			65,001 - 80,000 . . . . .	8
				80,001 - 105,000 . . . . .	9
				105,001 - and over . . . . .	10

**Table 2: Multiple Pensions/More-Than-One-Income Worksheet**

Married Filing Jointly		All Others	
If amount from <b>HIGHEST</b> paying pension or job is—	Enter on line 7 above	If amount from <b>HIGHEST</b> paying pension or job is—	Enter on line 7 above
\$0 - \$50,000 . . . . .	\$440	\$0 - \$30,000 . . . . .	\$440
50,001 - 100,000 . . . . .	800	30,001 - 60,000 . . . . .	800
100,001 - 130,000 . . . . .	900	60,001 - 120,000 . . . . .	900
130,001 - 250,000 . . . . .	1,000	120,001 - 270,000 . . . . .	1,000
250,001 and over . . . . .	1,100	270,001 and over . . . . .	1,100

## Additional Instructions

Section references are to the Internal Revenue Code.

**When should I complete the form?** Complete Form W-4P and give it to the payer as soon as possible. Get **Pub. 919**, How Do I Adjust My Tax Withholding? to see how the dollar amount you are having withheld compares to your projected total tax for 2001.

**Multiple pensions/more than one income.** To figure the number of allowances you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding will usually be more accurate if you claim all allowances on the Form W-4P for the largest source of income subject to withholding.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and **Pub. 505**, Tax Withholding and Estimated Tax. You can also get forms and publications at the IRS Web Site at [www.irs.gov](http://www.irs.gov).

**Note:** Social security and railroad retirement payments may be includible in income. See **Form W-4V**, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, Federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depends on the kind of payment you receive. Also, because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can also choose not to have income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's EIN in the area reserved for "your social security number" on Form W-4P.

However, you may **not** make this choice for eligible rollover distributions (discussed later). Also, this choice does not apply to certain recipients who have payments delivered outside the United States or its possessions. See **Payments Outside the United States** on page 4.

**Caution:** There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see **Pub. 505**. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want income tax to be withheld, you **must designate the number of withholding allowances on line 2 of Form W-4P**. (Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.) If you do not want any income tax withheld from your periodic payments, check the box on line 1 of Form W-4P, and submit the form to your payer.

**Caution:** If you do not submit Form W-4P to your payer, the payer must withhold on **periodic payments as if you are married claiming three withholding allowances**. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,280 a month.

If you submit a Form W-4P that does not contain your correct taxpayer identification number (TIN), the payer must withhold as if you are single claiming zero withholding allowances even if you choose not to have income tax withheld.

There are some kinds of periodic payments for which you **cannot** use Form W-4P because they are already defined as wages subject to income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and state and local deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have Federal income tax withheld or to revoke your election.

**Nonperiodic payments—10% withholding.** Your payer must withhold a flat 10% from nonperiodic payments (but see **Eligible rollover distribution—20% withholding** below) unless you choose not to have income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have income tax withheld from a nonperiodic payment by submitting Form W-4P (containing your correct TIN) to your payer and checking the box on line 1. Generally, your choice not to have income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount you want withheld.

**Caution:** If you submit a Form W-4P that does not contain your correct TIN, the payer cannot honor your request not to have income tax withheld and must withhold 10%.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (e.g., 401(k) pension plans) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% withholding. The 20% withholding is

required, and you **cannot** choose not to have income tax withheld for eligible rollover distributions. See Pub. 505 for more details. However, the payer will not withhold income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA, qualified pension plan, or tax-sheltered annuity. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P, and submit the form to your payer.

**Payments Outside the United States**

If you are a U.S. citizen or resident alien receiving periodic or nonperiodic payments that are delivered outside the United States or its possessions, withholding is required. You **cannot** choose not to have income tax withheld on line 1 of Form W-4P.

Other recipients, such as nonresident aliens, who have these payments delivered outside the United States or its possessions may choose not to have income tax withheld only if an individual certifies to the payer that the individual is **not (a)** a U.S. citizen or resident alien or **(b)** an individual to whom section 877 applies (concerning expatriation to avoid tax). The certification must be made in a statement to the payer under penalties of perjury. A nonresident alien who chooses not to have income tax withheld under section 3405 is subject to withholding under section 1441 and should complete **Form W-8BEN**, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, if applicable.

**Revoking Your "No Withholding" Choice**

**Periodic payments.** If you previously chose not to have income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

**Statement of Income Tax Withheld From Your Pension or Annuity**

By January 31 of next year, your payer will furnish a statement to you showing the total amount of your pension or annuity payments and the total income tax withheld during the year on **Form 1099-R**, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**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 periodic pension or annuity payments based on your withholding allowances and marital status, **(b)** request additional Federal income tax withholding from your pension or annuity, **(c)** choose not to have income tax withheld, when permitted, or **(d)** change or revoke 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).

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . . . 40 min.
- Learning about the law or the form.** . . . . . 25 min.
- Preparing and sending the form.** . . . . . 59 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, submit it to your payer.



**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK**

**DEFINITION OF REPLACEMENT**

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent/broker is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- 1. Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated?  Yes  No
- 2. Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values?  Yes  No
- 3. Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force?  Yes  No
- 4. Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?  Yes  No
- 5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?  Yes  No
- 6. Continued with a stoppage of premium payments or reduction in the amount of premium paid?  Yes  No

If you have answered yes to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed Disclosure Statement and the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction:  Yes  No

Date \_\_\_\_\_ Signature of Agent/Broker \_\_\_\_\_



# Direct Bank Deposit Authorization Form

## Payee Deposit Agreement

Full Name Of Payee	Policy Number
	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Full Name of Bank (include the branch, if any)	Account Number
	Routing Number
	Bank's Mailing Address (if your bank has a "bank by mail center" please furnish that address)

**\*\*If this is a checking account, please attach a check marked VOID\*\***

I request The Union Central Life Insurance Company to deposit to my bank account all periodic benefit payments due me under the above numbered policy. If a payment is deposited after my death, I authorize the bank to refund the money when the insurance company requests refund.

I understand and agree that payment as above requested and authorized shall continue until I otherwise notify the insurance company in writing, and I do hereby discharge the insurance company from all liability whatsoever for any payment made to the bank in accordance with this request and authorization.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Signature of Payee