

**WESTERN UNITED LIFE ASSURANCE COMPANY
MANHATTAN LIFE INSURANCE COMPANY**

Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201
Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

**SUBSTITUTE IRS
W-4P AND W-9**

1. ANNUITY CONTRACT INFORMATION

NEW BUSINESS **EXISTING BUSINESS**

Owner Name(s) (<i>First, Middle, Last</i>)	Social Security/Tax ID Number(s)
Address, City, State, Zip Code	Annuity Number(s)

2. ELECTION FOR WITHHOLDING

Substitute IRS Form W-4P OMB No.1545-0074

Federal and some State laws make payments subject to withholding. The law requires that you be told three things:

- a. You do not have to have any money withheld from your periodic payments.
- b. After you have made a choice, you can change it at any time by writing to us. Please allow 30 days for the change.
- c. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. 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.

CHECK FEDERAL AND/OR STATE (if applicable)

***If Not Checked and the Payment Amount is Sufficient, We are Required to Withhold Income Tax.
We are Required to Withhold if Your Resident Address is Outside of the United States.***

FEDERAL:

DO NOT WITHHOLD

federal income tax from my distribution

WITHHOLD

10% of taxable portion

20% of taxable portion (*20% is generally required on all qualified funds except IRA's*)

Other (*specify*) _____

STATE: _____

DO NOT WITHHOLD

state income tax from my distribution

WITHHOLD

% of taxable portion (*specify*) _____

\$ of taxable portion (*specify*) _____

(SEE STATE WITHHOLDING INSTRUCTIONS)

3. TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute IRS Form W-9

I/We understand that failure to furnish my/our correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS). I/We also understand the Company would be required to withhold an additional amount according to IRS guidelines. IRS Instructions are available upon request.

Under penalties of perjury, I certify that:

- a. The number shown on this form is my correct taxpayer identification number; and
- b. I am not subject to backup withholding due to failure to report interest and dividend income; and
 I have checked this box because I am subject to backup withholding. (**Check ONLY if applicable**)
- c. I am a U.S. citizen or other U.S. person.

4. REQUIRED SIGNATURES

I certify, under penalties of perjury, that all information reported herein is correct

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



Owner Signature	Owner Printed Name	Date
Joint Owner Signature (<i>if applicable</i>)	Joint Owner Printed Name	Date

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