

PLEASE TYPE, OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

ANNUITY CONTRACT INFORMATION			
Owner Name(s) (First, Middle, Last)		Annuity Number(s)	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business
Address		City, State, Zip	
ELECTION FOR WITHHOLDING (SUBSTITUTE W4P FORM)			
<p>Federal and some State laws make payments subject to withholding. The law requires that you be told three things:</p> <ol style="list-style-type: none">1. You do not have to have any money withheld from your periodic payments.2. After you have made a choice, you can change it at any time by writing to us. Please allow 30 days for the change.3. 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. <p>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.</p>			
FEDERAL: <input type="checkbox"/> DO NOT WITHHOLD federal income tax from my distribution <input type="checkbox"/> WITHHOLD <input type="checkbox"/> 10% of taxable portion <input type="checkbox"/> 20% of taxable portion (20% is generally required on all qualified funds except IRA's) <input type="checkbox"/> Other (specify) _____		STATE: _____ <input type="checkbox"/> DO NOT WITHHOLD state income tax from my distribution <input type="checkbox"/> WITHHOLD <input type="checkbox"/> % of taxable portion (specify) _____ <input type="checkbox"/> \$ of taxable portion (specify) _____ (SEE STATE WITHHOLDING INSTRUCTIONS)	
TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (SUBSTITUTE W-9 FORM)			
<input type="checkbox"/> Consider this my/our substitute W-9 Certification. 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); in addition, 28% of my/our taxable distribution will be withheld and sent to the IRS.			
Owner's SSN/TIN: _____		Joint Owner's SSN/TIN: _____	
Certification – Under penalties of perjury, I certify by signing below that: <ol style="list-style-type: none">1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and2) I am not subject to backup withholding because: <ol style="list-style-type: none">a) I am exempt from backup withholding, orb) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, orc) The IRS has notified me that I am no longer subject to backup withholding, and3) I am a U.S. person or other U.S. person.			
Certification Instructions – You must cross out item 2) above if you have been notified by the IRS that you are currently 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.			
REQUIRED SIGNATURES I CERTIFY, UNDER PENALTIES OF PERJURY, THAT ALL INFORMATION REPORTED HEREIN IS CORRECT			
Owner's Signature	Date	Joint Owner's Signature (if applicable)	Date

SIGNATURES RECEIVED BY FACSIMILE OR EMAIL ARE AS EFFECTIVE AS ORIGINAL SIGNATURES ON THIS FORM

SUBMIT COMPLETED FORMS TO:

929 W Sprague Ave • PO Box 2290 • Spokane WA 99210-2217
509.835.2500 • 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com