

## SUBSTITUTE STATE WITHHOLDING CERTIFICATE (MANDATORY)

Whether your annuity payments are subject to state tax withholding depends on the state in which you reside and the withholding elections you make. Please find your residence state- on any of these three pages- and complete the form as directed. If you make an election of any kind, you must complete the Personal Information section at the bottom of page 3 and return the entire form.

**Special note for clergy:** State tax laws generally follow the federal government but you should follow the advice of your own tax advisor in completing this form.

Pri	nt Full Name			Social Se	curity Number		
Ca	lifornia residents	s only:					
	lless you elect other nuities.	wise, the law re	quires that person	al income ta	ax be withh	eld from payn	nents of pensions and
	page 3.	ge 3. ted amount with	held from each dis	tribution: \$_	C	00. If so, skip to	o, skip to Personal Personal Information on d marital status shown
Iw	Marital Status: Imber of allowances vant the following ad nount here without e	☐ Married (one you are claiming ditional amount	withheld from eac	of Househo	ld n: \$	00. <b>Note:</b>	You cannot enter an
De	elaware residents	only:					
	ederal withholding Il elect state withho		ithholding should	also be tak	en. If federa	al withholding	g is not taken, you may
	No. I do not wish t Information on pag I want my withhold allowances).	ge 3.			•		skip to Personal (enter total number of
	Marital Status:	□ Single	□ Married Fili	ing Joint	■ Marrie	d withhold at	higher single rate
	I want the following I want the following amount here withou	g additional amo	unt withheld from	each distrib	ution: \$	00. <b>N</b>	ote: You cannot enter an

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Please complete personal information below:

Ge	Georgia residents only:						
Wi	No. I do not wish to Information on pag	holding is required unless you expressly elect otherwise. If no election is made, withholding applies.  No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal nformation on page 3.  want withholding from each distribution to be figured using the number of allowances and marital status shown pelow:					
	Marital Status:	☐ Single ☐ Head of Household	☐ Married Filing Joint (one spouse working) ☐ Married Filing Joint (both spouses working) ☐ Married Filing Separate				
Iw		Íditional amount withheld	d from each distribution: \$00. <b>Note:</b> For periodic payments, ring the number of allowances and marital status above.				
lov	wa residents only	<i>,</i> :					
ele em of tial of cov	ect state withholding aployed retirement age or older, disable I exemption in the t a documented disa wered by this exemp	g. A partial exemption is benefits, deferred compe ed or a surviving spouse ax year. To be considered bility or you must meet f	ng should also be taken. If federal withholding is no taken, you may still provided to qualified lowa residents receiving pensions, annuities, self-ensation and other retirement benefits. To qualify you must be 55 years or other survivor of an individual who would have qualified for the pard disabled you must be receiving the retirement income on the basis federal or state criteria for disability. Social Security benefits are not g retirement income from more than one source, you are still entitled apption.				
	Information on pag	ge 3. <b>Note:</b> If the taxable <sub>I</sub>	re income tax withheld from my distribution. If no, skip to Personal portion of your annual distribution is greater than \$6,000 (\$12,000 married eral tax is being withheld.				
	☐ Claiming no ex☐ Exempting \$6,0	xemptions 000 in benefits each year	from my distribution at a rate of 5%. Select one of the following: r (married status 2, 3 or 4 lowa filers only)				
	I want the followin	g additional amount with	held from each distribution: \$00.				
Ka	nsas, Maine, Nek	oraska and Vermont r	esidents only:				
-		withholding to be taken, elect state withholding.	state withholding will also be taken. If you did not elect federal with-				
	No. I do not wish to Information on pag		e income tax withheld from my distribution. If no, skip to Personal				
			be figured using the number of allowances and marital status shown				
	Marital Status:	<b>□</b> Single	□ Married				
			<b>aine</b> residents, the number of allowances cannot be greater than the orm W-4 or W-4P. For <b>Nebraska</b> residents, we are required to use the mari-				

	tal status and number of allowances claimed on the federal Form W-4 or W-4P if one is on file.				
	I want the following additional amount withheld from each distribution: \$00. <b>Note:</b> You cannot enter an amount here without entering the number (including zero) of allowances above.				
Ma	assachusetts residents only:				
	ederal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you still elect state withholding.				
_	No. I do not want to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 3.  Yes. I wish to have applicable state income tax withheld from my distribution.  Head of Household  Blind  Spouse is blind and not subject to withholding				
	Number of exemptions: Additional amount withheld, if any: \$00.				
No	orth Carolina residents only:				
	ederal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you ay elect state withholding unless it is an eligible rollover distribution.				
	Check here if you do NOT want any state tax withheld from your annuity. Skip to Personal Information on page 3.				
	Total number of allowances and marital status you are claiming for withholding from each annuity payment:				
	Marital Status: ☐ Single ☐ Married or Qualifying Widow(er) ☐ Head of Household				
	Additional amount, if any, you want withheld from each annuity payment: \$00. <b>Note:</b> For periodic payments you can enter an amount here without entering the number (including zero) of allowances above.				
Ok	clahoma residents only:				
	ou elected federal withholding to be taken, state withholding will also be taken. If you did not elect federal thholding, you may still elect state withholding.				
_ _	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information on page 3.  Total number of allowances and marital status you are claiming for withholding from each annuity payment:  (enter number of allowances). <b>Note:</b> You must enter the number of allowances and the marital status claimed on the federal Form W-4P.				

	Marital Status: ☐ Single ☐ Married
	☐ Married, but withhold at a higher "Single" rate
	I want the following additional amount withheld from each distribution: \$00. <b>Note:</b> You cannot enter an amount here without entering the number (including zero) of allowances above.
Or	regon residents only:
	you elect federal withholding to be taken, state withholding will also be taken. If you did not elect federal ithholding, you may still elect state withholding.
	No. I do not wish to have the applicable state income tax withheld from my distribution. If no, skip to Personal Information below.
	Total number of allowances and marital status you are claiming for withholding from each annuity payment: (enter number of allowances)
	Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at a higher "Single" rate
	I want the following additional amount withheld from each distribution: \$00. <b>Note:</b> You cannot enter an amount here without entering the number (including zero) of allowances above.
Vi	rginia residents only:
	federal withholding is taken, state withholding should also be taken. If federal withholding is not taken, you may Il elect state withholding.
	I certify that I am not subject to Virginia withholding, either because I have elected "no withholding" for federal purposes, or I meet the conditions for exemption set forth in the instructions for Form VA-4P. Skip to Personal Information below.
	If subject to withholding, enter your number of personal exemptions:  a. Subtotal of Personal Exemptions  b. Subtotal of Age and Blindness Exemptions
	Total Exemptions:
	Additional amount withheld, if any: \$00. <b>Note:</b> For annuity payments, you cannot enter an amount here without entering the number (including zero) of allowances.
<u> </u>	Voluntary withholding: If you elected "no withholding" for federal purposes, but wish to have Virginia income tax withheld, enter the amount you want withheld from each payment: \$00.
lu	ınderstand:

- This payment and any taxes withheld will be reported to me and the appropriate taxing authorities based on the state of residence at the time of distribution.
   I will receive a Form 1099-R in January of the year following the distribution.

## Personal Information

Print Full Name	Social Security Number	
Address		
Town/City	State	Zip Code
Signature		Date