



**Eagle Life Insurance Company®**  
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# Election of Withholding

Contract Number \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

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

Federal law requires us to withhold 10% of the taxable portion of your distribution for federal income tax. You may elect not to have federal income tax withheld or you may elect a higher withholding rate. Even if you elect not to have federal income tax withheld, you may be responsible for paying estimated taxes. You may incur penalties under the estimated tax rules if your payment of estimated tax and withholding, if any, are not sufficient to satisfy your tax liabilities.

Your distribution may also be subject to state income tax withholding. Some states require that state income tax be withheld when federal income tax is withheld. Additionally, some states have minimum withholding requirements. If you live in one of these states, we will withhold state income tax as required by your state. In other states, withholding is voluntary. If you do not make a withholding election, or if you do not specify a withholding amount, *we will withhold 10% federal income tax and 3% state income tax*, unless a different amount is required by your state.

### Withholding Election: (Please choose one):

- I DO NOT** want federal or state income tax withheld.  
 **I DO** want federal or state income tax withheld. \_\_\_\_\_% federal (10% minimum) \_\_\_\_\_% state  
 (The minimum amount of withholding is \$10.00.) **In which state do you file your taxes?** \_\_\_\_\_

### STATE SPECIFIC INSTRUCTIONS:

**Arizona residents:** If you want to have Arizona taxes withheld, you must submit form A-4P.  
**Michigan residents:** If you were born after 1946, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using form MI W-4P.  
**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 periodic payments payable over a period of longer than one year.  
 Please consult a tax advisor for more information on withholding requirements for your state.

## TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

\_\_\_\_\_ OR \_\_\_\_\_  
 Social Security Number Employer Identification Number

## SUBSTITUTE IRS FORM W-9

Under penalties of perjury, I certify that:

1. My Social Security number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

**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 or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.**

## PLEASE SIGN & DATE BELOW

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

**ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE**