

**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE 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

**BENEFICIARY
ANNUITY CLAIMANT
STATEMENT**

EACH CLAIMANT MUST COMPLETE A SEPARATE FORM

1. ANNUITY CONTRACT INFORMATION

Name of Deceased (<i>First, Middle, Last</i>)	Annuity Number(s)
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2. THE CONTRACT (*Not applicable for a duplicate contract, use only if original contract cannot be found*)

- Enclosed** (*Specifically the original Page 3 of the contract*)
- Lost/Destroyed** – I hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

3. CLAIMANT (*Beneficiary*)

Name of Beneficiary	Beneficiary's SSN/TIN (<i>if a trust or estate, provide the Federal Tax ID Number</i>)		
Address	City, State, Zip Code		
Birth/Trust Date (<i>mm/dd/yyyy</i>)	Relation to Deceased	Telephone Number(s)	

4. PAYMENT OPTION DESIRED

(*not all Options may be available for this claim*)

- a. Single Sum
- b. Leave proceeds as "open claim" until further notice (*please complete and return this form*)
- c. Settlement Option # _____ (*see Settlement Options in the contract*)
- i. Period: _____ First Payment will be distributed immediately upon annuitization
- ii. Mode: Monthly Quarterly Semi-Annual Annual
- iii. I understand that by selecting a settlement option, payments must continue as elected.
- d. Direct Transfer / 1035 Exchange contract to (*Name of Company*) _____
- i. Required Minimum Distribution (RMD) Instructions for IRA and TSA plans (N/A for Roth IRA)
- ii. Transfer the entire amount as other options have or will be made to satisfy the deceased's RMD
- iii. Distribute my portion of the deceased's RMD to me before transferring (Complete Tax Withholding instructions, Section 7, for this distribution)

For Options b and c in the event of my death pay proceeds to:

<input type="checkbox"/> Primary / <input type="checkbox"/> Contingent Beneficiary Name	Relationship to Me	Birth/Trust Date	SSN/Tax ID (<i>optional</i>)
Address		City, State, Zip Code	
<input type="checkbox"/> Primary / <input type="checkbox"/> Contingent Beneficiary Name	Relationship to Me	Birth/Trust Date	SSN/Tax ID (<i>optional</i>)
Address		City, State, Zip Code	
<input type="checkbox"/> Primary / <input type="checkbox"/> Contingent Beneficiary Name	Relationship to Me	Birth/Trust Date	SSN/Tax ID (<i>optional</i>)
Address		City, State, Zip Code	

If more space is needed, please attach a signed letter of instruction.

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BENEFICIARY ANNUITY CLAIMANT'S STATEMENT

****PLEASE ATTACH ORIGINAL CONTRACT(S) AND CERTIFIED DEATH CERTIFICATE(S)**
SEE INDIVIDUAL STATE FRAUD NOTICES ON THE FINAL PAGE**

5. PRIVACY STATEMENT

I understand that the Company may collect personal information about me and others I have identified in this Annuity Claimant's Statement. I further understand that the following Privacy Notice is given on behalf of the Company and it describes the general policy of the Company regarding the personal information of customers.

Personal Information Collected All of the information the Company collects is referred to in this Privacy Statement as "Information" and includes:

- Information from me, such as name, address, social security number, salary, assets, liabilities, and beneficiaries,
- Information that the Company obtains through its insurance producers and brokers, and
- Information regarding my business with the Company

Information Security The Company restricts access to Information in its possession to individuals who need it to work on my account. The Company maintains physical, electronic, and procedural safeguards that comply with federal regulation to guard my information.

Information the Company Shares Except as allowed or required by law, the Company does not disclose information about customers or former customers to third parties.

Manhattan Life Group
Attention Customer Privacy Inquiries
10777 Northwest Freeway, Houston TX 77092

6. AUTHORIZATION FOR DIRECT DEPOSIT

If a voided check is attached, I hereby authorize the Company to initiate credit entries to my checking account. The Financial Institution named below is hereby authorized to credit the same to my checking account as indicated. **These credits will be authorized for all annuity contracts that I am a beneficiary to, unless I notify you otherwise in writing.**

Financial Institution Name: _____

ATTACH A VOIDED CHECK

This transaction will not be processed without a voided check.

This agreement will remain in effect until the Company terminates it or until a written termination notice is received from me, and the Company has sufficient time to act upon it. If, at any time my Financial Institution changes, I will provide a new Authorization for Direct Deposit form and funds will be re-directed to my address of record until the new authorization is provided.

BENEFICIARY ANNUITY CLAIMANT'S STATEMENT

7. ELECTION FOR WITHHOLDING

Refer to IRS Form W-4R 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 distribution.
- 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)**

8. TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute IRS Form W-9

I understand that failure to furnish my correct TIN (taxpayer identification number), may result in a \$50 penalty for each failure, imposed by the Internal Revenue Service (IRS). I 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.

9. REQUIRED SIGNATURES

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

I understand and agree that the furnishing of this form or the furnishing of any form supplemental thereto, does not constitute and will not be considered as a waiver of any of the Company's rights with respect to liability under the contract, or the identity of persons entitled to benefits payable thereunder or of any other rights or defenses available to the Company.

Notice to Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Beneficiary Printed Name (Title if applicable)

Beneficiary Signature

Date

Witness Printed Name

Witness Signature

Date

BENEFICIARY ANNUITY CLAIMANT'S STATEMENT

- AK** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- AR, LA, RI, TX and WV** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- AZ** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- CA** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- CO** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- AL, DC** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- DE, ID, IN and OK** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- FL** Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- KY** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MD** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ME, TN, VA and WA** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MN** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH** Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **N.H. Rev. Stat. Ann. § 638:20**.
- NJ** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NM** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- OH** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OR** Any person who knowingly and with INTENT TO DEFRAUD or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.
- PA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- PR** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

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1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p>Your signature (This form is not valid unless you sign it.)</p>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p>Date</p>
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

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 additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). 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). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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 average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.