



Annuity Claim Form

Use this form to file a claim on an annuity contract that is still in deferred status.

Step 1 – Complete all boxes in the table below. Please note, if there are multiple beneficiaries, we will normally require completed claim forms from all beneficiaries before we process your claim. If the Claimant is an entity (such as a trust, estate or corporation), use the name of the entity in the Name field below.

Information about the DECEASED	Information about the CLAIMANT	
Name	Name	
Policy #(s)	Relationship to Deceased	Social Security Number/EIN (Required)
Social Security Number	Date of Birth <i>(Not needed for Trust/Estate)</i>	Daytime Phone Number
Date of Death	Address	
State of Permanent Residence on Date of Death	City, State, ZIP & Country	

Would you like to receive email notifications regarding status? Yes No Email Address: _____

NOTE: This will only apply to this request. Email notifications will be sent from 'no-reply@mmascend.com' or 'noreplyclaims@mmascend.com.' Please be sure to remove these addresses from your list of blocked senders.

Is the claimant a U.S. citizen or other U.S. person? Yes No

A U.S. person includes a noncitizen who has a green card or who is present in the U.S. (with or without documentation) for a substantial period of time. See IRS Publication 519. A U.S. person also includes a U.S. estate or trust, or a business organized in the U.S. If the claimant is not a U.S. citizen or other U.S. person, an IRS Form W-8BEN or W-8BEN-E will be required.

Step 2 – Select ONE of the following options AND complete that part of the form. Your selection is final and cannot be changed or revoked.

SUCCESSOR OWNER ONLY available if the sole beneficiary of the contract is the surviving spouse, civil union partner, or domestic partner of the deceased.

By choosing this option, you will take over ownership of the annuity contract. You will continue to be subject to all terms and conditions of the contract, including any contract charges that may still apply. If you are age 95 or older, a lump sum payment or annuitization (stream of payments) will be required unless income rider benefits have started or will start now. **Please complete the Notice and Customer Information Form for Death Claim Disbursements form along with providing a copy of your ID.**

LUMP SUM PAYMENT

By choosing this option, you will receive payment of your entire interest in the annuity contract in one lump sum (payment to beneficiary/Rollover/Transfer/1035 Exchange/Brokerage).

STREAM OF PAYMENTS

By choosing this option, you will receive a stream of periodic payments. **Please complete the Notice and Customer Information Form for Death Claim Disbursements form along with providing a copy of your ID.**

Fraud Warning for 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.

Fraud Warnings and Interest Information for Other States: *please see the last 3 pages of this packet.*

SUCCESSOR OWNER

Complete this page if you are a surviving spouse and want to take over ownership of the annuity contract.

Beneficiary Designation for Successor Owner- As the new owner, you will need to name new beneficiaries to receive any death benefit payable upon your death. You should not name yourself. All prior beneficiary designations are revoked.

Unless otherwise indicated, benefits will be paid to a Contingent beneficiary only if no Primary beneficiary is surviving, and if more than one beneficiary has equal priority, benefits will be paid in equal shares or all to the survivor. If percentages are specified, they must total 100% for Primary, and 100% for Contingent (if any).

- For each beneficiary, please show full name, address, Social Security number, relationship to you, phone number and date of birth.
- If a trust is named as a beneficiary, please provide the trust's name and the trust agreement date in the "Name" space below.
- If you do not specify whether a beneficiary is Primary or Contingent, we will treat the beneficiary as a Primary beneficiary.

New Beneficiary Designation of Successor		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	

If you need additional space to name beneficiaries, please attach a page containing the policy number that is signed and dated by you.

Rider Continuation

The guaranteed withdrawal or death benefit rider in effect at the time of death will continue when permitted by its terms unless you make written request to terminate it. A charge applies for any period that the rider remains in effect.

- Check here **only if you wish to terminate** the rider. If you check this box, all benefits under the rider will cease. If terminated, a rider may not be reactivated.

Successor Owner Agreement and Certification - As claimant, I irrevocably elect to become successor owner of the annuity contract. I agree to be bound by all of the terms and conditions of the annuity contract, **including those related to any contract charges that may still apply**. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

Original signature required. Do not submit digital signatures.

Claimant / Successor Owner Signature

Printed Name

Date

Plan Administrator Certification and Authorization Plan Administrator to complete this section. This authorization is required if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

Name of Employer Plan _____	Name of Plan Administrator _____
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The Plan Administrator certifies that the **successor owner election** requested by the claimant is permitted under the employer's plan. The Plan Administrator authorizes the request to be processed as indicated above.

Plan Administrator Signature

Printed Name

Date



The remaining pages are not needed if you have selected Successor Owner.



LUMP SUM PAYMENT

Complete this section if you want your portion of the death benefit in one payment.

Form of Payment – Check one box.

- Payment to me by regular mail.
- (Optional) I would like to receive my check via Express delivery. Express deliveries cannot be sent to a PO Box address. A \$20 fee will be deducted from the death benefit proceeds. Electing express delivery will not expedite processing time.
- Distribution to a Brokerage Account. The distribution is a taxable and reportable event. You MUST submit documentation verifying the owner and account number of the brokerage account, such as an account statement or a letter from your brokerage firm. Please attach statement to this claim form. If not received, payment will be issued directly to you.

Brokerage Firm Name:	Brokerage Account Number:	
Brokerage Mailing Address:		
City:	State:	Zip Code:

- Direct rollover, direct transfer, or 1035 exchange to another annuity or tax qualified account (i.e. non-spouse beneficiary moving funds to an Inherited IRA or Inherited non-qualified or a spouse moving funds to an IRA or non-qualified account). **We must receive a letter of acceptance (LOA) from the new company.** Please attach LOA to this form.

New Company's Name:

IMPORTANT NOTE FOR TRANSFERS AND ROLLOVERS OF TAX-QUALIFIED FUNDS. Due to the complexity of SECURE Act provisions, you may wish to consult a legal or tax professional regarding the definition of Eligible Designated Beneficiaries, Ten Year Rule, Required Beginning Date, and other important information regarding Required Minimum Distribution (RMD) requirements before transferring or rolling-over qualified funds.

BEFORE THE TRANSFER OR ROLLOVER:

If the deceased **DID NOT** reach their Required Beginning Date for RMDs for qualified accounts, please select ONE of the following:

- I elect to take distributions at the New Company under the Life Expectancy Rule (Required Minimum Distributions). I understand that RMD(s) due for the year(s) following death will be paid prior to the Rollover or Transfer to the New Company.
- I elect to liquidate my account at the New Company under the Ten Year Rule.

If NO election is made above, the default election will be Life Expectancy payments for Eligible Designated Beneficiaries and Ten Year Rule for non-Eligible Designated Beneficiaries.

If the deceased **DID** reach their Required Beginning Date for RMDs for qualified accounts, please select ONE of the following:

- DO NOT send me any RMD payment.
- DO send me ALL missed RMD payments from this contract (current and prior years).
- DO send me missed RMD payments for ONLY the following years: _____

If this is an IRA-to-IRA direct transfer, I agree that I am responsible for paying any applicable RMDs. If this is a rollover, I certify that the decedent satisfied all RMDs for this contract for the year of death and all prior years from another permitted source and I understand that if any RMDs from a prior year are left unpaid, that amount is not eligible for rollover and tax penalties may apply. If this is a rollover, I understand that RMD(s) due for the year(s) following death will be paid prior to the Rollover.

If NO box is selected above, we will NOT send you an RMD payment unless mandated by IRS regulations.

➔ Continue to next page to complete Lump Sum Payment.

Income Tax Withholding

If this contract is an IRA or a Non-Qualified annuity, federal tax withholding is not mandatory. The **default federal withholding amount is 10%** of the taxable amount. If this contract is a tax-sheltered 403(b), 401(k) or 457 plan, **a minimum of 20%** federal income tax withholding is **generally required** by the IRS unless your distribution is a direct rollover or required minimum distribution (RMD).

For an RMD, if a withholding election is not indicated 10% **will be withheld** for federal income tax.

If you do not elect out of withholding or do not attach the IRS Form W-4R or make a state election, then we will withhold the default or mandatory amount unless the distribution is a direct rollover, direct transfer or 1035 exchange.

Federal Income Tax Withholding (select only one):

- DO NOT** withhold federal tax, unless required. **DO NOT submit IRS Form W-4R.**
- I am attaching IRS Form W-4R. **Withhold based on that election.**
- I am not attaching IRS Form W-4R. **The default or mandatory amount, if any, will be withheld.**

State Income Tax Withholding (select only one):

- DO NOT** withhold state tax, unless required.
- I request state withholding of: _____%
- I am not specifying a state withholding percentage. **The default or mandatory amount, if any, will be withheld.**

NOTE: Withholding will only apply to the taxable portion of your distribution. You are liable for payment of all applicable federal and/or state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax payment rules if your withholding and estimated tax payments are not adequate.

Special Tax Notice Regarding Plan Payments

This section is required only if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

The enclosed Special Tax Notice contains information about rollover rights and death benefit treatment and is being provided for your information. Please contact our office prior to submitting this form if you did not receive the Special Tax Notice. Unless you check the box below, we will hold your request for 30 days from our initial mailing notification while you consider your options.

- I received the Special Tax Notice. I waive my 30-day consideration period.

Lump Sum Agreement and Certification

As claimant, I irrevocably, request that you pay my claim on the date it is in good order, subject to your processing requirements for multiple beneficiaries. I agree to hold the company harmless against all claims made by reason of this payment. If the contract is not returned with this form, I hereby certify that the contract is not in my possession and has not been assigned, transferred, or pledged; and I also agree that the contract is no longer in effect and I will return it if found.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Original signature required. Do not submit digital signatures.

Signature of Claimant

Title (Trustee/Executor/Other Title)

Printed Name of Claimant

Date

➔ *Continue to next page to complete Lump Sum Payment.*

Plan Administrator Certification and Authorization

Plan Administrator to complete this section. This authorization is required if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

Name of Employer Plan:	Name of Plan Administrator:
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The Plan Administrator certifies that the claimant is entitled to benefits under the employer's plan and that the lump sum payment requested by the claimant is permitted under the employer's plan. The Plan Administrator authorizes the request to be processed as indicated above.

Plan Administrator Signature

Printed Name

Date



The remaining pages are not needed if you have selected a Lump Sum Payment.



STREAM OF PAYMENTS

Complete this section if you want to receive a stream of payments.

Payment Options

Please select one of the following.

Note: All options may not be available for a particular contract because of federal tax law restrictions. The amount of payment under an option will depend on the amount applied to that option, the length of time or life over which payments will be made, and the payment frequency. Please contact us if you want an estimate of the payment amount. Once we process your claim, you may not modify scheduled payments or take the commuted value unless except as may be permitted by the terms of the annuity contract. Should your election conflict with federal tax law restrictions, the Company may modify your payment duration or frequency to comply with said restrictions.

- Payments for a specified period.** Payments will continue for the specified period, whether or not you are alive. If you die before the end of the specified period, the remaining payments will be made to your contingent payee(s).

Check one box below to specify the period over which payments are to be made.

Payments for a period of 3 years 5 years 7 years 10 years

For non-qualified contracts, the specified period **cannot** exceed your life expectancy. For qualified contracts, the specified period **cannot** exceed your life expectancy or 10 years, whichever is shorter.

- Payments for Life.** Payments will continue as long as you live but will stop upon your death. This option is not available to certain claimants because of federal tax law restrictions.

Proof of age is required in the form of a copy of a birth certificate, driver's license, or passport, together with proof of any name change.

- Payments for Life with a Minimum Specified Period.** Payments will continue as long as you live. If you outlive the minimum specified period, payments stop on your death. If you die before the end of the minimum specified period, payments will continue to your contingent payees for the minimum specified period only. This option is not available to certain claimants because of federal tax law restrictions.

Proof of age is required in the form of a copy of a birth certificate, driver's license, or passport, together with proof of any name change.

Check the box below to indicate the minimum fixed period over which payments are to be made.

Payments for a minimum specified period of 3 years 5 years 7 years 10 years

For non-qualified contracts, the specified period **cannot** exceed your life expectancy. For qualified contracts, the specified period **cannot** exceed your life expectancy or 10 years, whichever is shorter.

- Other form** provided by the contract or as mutually agreed upon. Specify requested option below.

Payment Frequency

Note: Most contracts provide for payments to be made at the end of each payment period. For example, if you request annual payments, your first payment will be made **one year after** the effective date of your election. Some contracts have riders that pay an Enhanced Death Benefit amount and the rider provides payments to be made at the beginning of the payment period. For example, if you request annual payments, your first payment will be made **on the effective date** of processing your election.

Payments to be made Monthly Quarterly Semi-annually Annually

➔ **Continue to next page to complete Stream of Payments.**

Contingent Payee Designation

If you have selected **Payments for a Specified Period** or **Payments for Life with Minimum Specified Period**, payments may extend beyond your life. The beneficiary section of the contract no longer applies. You may tell us who to pay if payments remain after your death.

If you name more than one contingent payee, benefits will be paid in equal shares or all to the survivor unless you specify otherwise. If percentages are specified, they must total 100%.

- For each contingent payee, please show full name, address, Social Security number, relationship, phone number and date of birth.
- If a trust is named as a contingent payee, please provide the trust's name and the trust agreement date in the "Name" space.

New Contingent Payee Designation	
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____ Email Address _____

If you need additional space to name payees, please attach a page containing the policy number, your signature and date.

Payment Method

- By Check.** We will make payments by check to you, as the claimant, at the address you provided on page 1.
- By Automatic/Direct Deposit.** We will make payments by depositing annuity benefit payments into the account identified below. *Note:* We will make payments by check until automatic/direct deposit arrangements have been completed. I hereby authorize MassMutual Ascend and the financial institution identified below to deposit my annuity payments into my account identified below, and the adjustment of my account for any overpayments.

Financial Institution Name (REQUIRED):		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:	Routing Number:
<i>Note: Attach a voided check.</i>		

➔ **Continue to next page to complete Stream of Payments.**

Income Tax Withholding

For 403(b) TSA, 401 Pension/Profit Sharing/401(k), or a Governmental 457 tax qualified contract, a **minimum of 20%** federal income tax withholding is **generally required** by law unless your distribution is made under a life option or a fixed option of 10 years or more, or you are of required minimum distribution age or above. For all other contract types, federal tax withholding is not mandatory.

The **default withholding amount is based on the percentage table for a single taxpayer with no adjustments to income**. Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not adequate.

If you do not elect out of withholding or do not attach the IRS Form W-4P form or make a state election, then we will withhold the default or mandatory amount.

Federal Income Tax Withholding (select only one):

- DO NOT withhold federal tax, unless required. DO NOT submit IRS Form W-4P.
- I am attaching IRS Form W-4P. *Withhold based on that election.*
- I am not attaching IRS Form W-4P. *The default or mandatory amount, if any, will be withheld.*

State Income Tax Withholding (select only one):

- DO NOT withhold state tax, unless required.
- I request state withholding of: _____ %
- I am not specifying a state withholding percentage. *The default or mandatory amount, if any, will be withheld.*

Any withholding election will remain in effect until revoked. You may revoke any withholding election for annuity payments not yet distributed by notifying MassMutual Ascend or Affiliates in writing at any time.

Required Minimum Distribution (RMD) Information

If an RMD is due for the current or any prior year, we will send you a lump sum payment of the amount needed unless you check the box below. Unless you tell us otherwise, the withholding you selected in the previous section will apply. If you submitted IRS Form W-4P for withholding from your annuity payments or you did not make an election we will withhold 10% for federal income tax from this one-time RMD payment.

- I certify that the decedent has taken all RMDs for *this* contract for the year of death and all prior years in whole or in part from another permitted source.

Special Tax Notice Regarding Plan Payments

This section is required only if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

The enclosed Special Tax Notice contains information about rollover rights and death benefit treatment and is being provided for your information. Please contact our office prior to submitting this form if you did not receive the Special Tax Notice. Unless you check the box below, we will hold your request for 30 days from our initial mailing notification while you consider your options.

- I received the Special Tax Notice. I waive my 30-day consideration period.

➔ **Continue to next page to complete Stream of Payments**

Stream of Payments Agreement and Certification

As claimant, I irrevocably request that you apply my contract values to the annuity payout benefit on the date it is in good order, subject to your processing requirements for multiple beneficiaries. I agree to hold the company harmless against all claims made by reason of these payments. If the contract is not returned with this form, I hereby certify that the contract is not in my possession and has not been assigned, transferred, or pledged; and I also agree that the contract is no longer in effect and I will return it if found.

Under penalties of perjury, by signing this form, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Original signature required. Do not submit digital signatures.

Signature of Claimant

Title (Trustee/Executor/Other Title)

Printed Name of Claimant

Date

Plan Administrator Certification and Authorization

Plan Administrator to complete this section. This authorization is required if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

Name of Employer Plan	Name of Plan Administrator
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The Plan Administrator certifies that the claimant is entitled to benefits under the employer's plan and that the **stream of payments** requested by the claimant is permitted under the employer's plan. The Plan Administrator authorizes the company to process the request as indicated above.

Plan Administrator Signature

Printed Name

Date

FRAUD WARNINGS

Alabama A person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska 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.

Arizona 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.

Arkansas Any person who knowingly presents 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.

California For your protection California law requires the following to appear on this form: Any person who knowingly presents a 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.

Colorado 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.

Delaware 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.

District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with 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.

Idaho Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kansas Warning: 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison."

Kentucky 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.

Louisiana 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.

Maine 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.

Maryland Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Any person who, with a 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 RSA 638:20.

New Jersey Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico 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.

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.

Ohio 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.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Any person who knowingly and with intent to defraud an insurer makes a claim that contains any false statement or false representation of a material fact or makes a claim that omits or conceals material information may be subject to criminal and civil penalties.

Pennsylvania 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.

Puerto Rico 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 five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island 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.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Texas Any person who knowingly presents a 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.

Virginia Any person who, with the 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 may have violated the state law.

Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia 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.

NOTICE TO BENEFICIARIES ABOUT INTEREST

If required by state law, we will pay interest on the proceeds of the referenced policy or contract for the time period and at the rate required by state law. We will pay interest until we make a lump sum payment or the first installment of a series of periodic payments. Some states require us to provide a specific interest notice to beneficiaries. These notices are set out below. Please contact us at 1-800-854-3649 to find out the applicable interest rate or for more information.

California We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Illinois We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 31 days of the date when we receive due proof of death or such other date as permitted by Illinois law. We will pay interest from the applicable date at the rate of 10%.

Kansas We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 10 days of the date when we receive due proof of death. We will pay interest from that date at the rate required by Kansas law.

Minnesota We will pay interest on the proceeds of the referenced policy or contract from the date of death until the date of payment at the rate required by Minnesota law.

New Hampshire We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Oregon We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

South Dakota We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

OTHER DISCLOSURES

Privacy Disclosure for California Residents – please visit myannuity.massmutualascend.com and go to the Privacy link located at the bottom of the webpage.

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2026

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; display: inline-block; width: 90%;"></div>	<div style="border-bottom: 1px solid black; display: inline-block; width: 80%;"></div>
	Your signature (This form is not valid unless you sign it.)	Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

2026 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%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

* If married filing separately, use \$400,450 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 2026, 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 for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense 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 \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, 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 \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" 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.

**Withholding Certificate
 for Periodic Pension or Annuity Payments**
 Give Form W-4P to the payer of your pension or annuity payments.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here 3(c) \$ _____ Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here 3 \$ _____		
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Step 4: Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . 4(a) \$ _____ (b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . 4(c) \$ _____		
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No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
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Step 5: Sign Here	_____ Your signature (This form is not valid unless you sign it.)	_____ Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

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. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. 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, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.


Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.


If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

 **Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

 **Social security number and other requirements for credits and deductions.** You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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 federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. 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 being treated as a single person with no other entries on the form; 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.

Step 4(b) – Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Additional standard deduction. If you (or your spouse) are 65 or older.	
Enter:	$\left\{ \begin{array}{l} \bullet \$2,050 \text{ if you're single or head of household} \\ \bullet \$1,650 \text{ if you're married filing separately} \\ \bullet \$1,650 \text{ if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65} \\ \bullet \$3,300 \text{ if you're married filing jointly and both of you are age 65 or older} \end{array} \right\}$	12 \$ _____
13	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$ _____
14	Add lines 12 and 13. Enter the result here	14 \$ _____
15	Add lines 11 and 14. Enter the result here	15 \$ _____
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$ _____
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$ _____