



Affiliates:

Annuity Investors Life Insurance Company®
Manhattan National Life Insurance Company

Administrator for:

Loyal American Life Insurance Company®
Continental General Insurance Company

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax

Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807- 9777 Fax

Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

Annuity Payout Benefit

Request to start a stream of payments.

Owner's Name:	Contract/Certificate Number
Primary Address (include City, State and ZIP)*	
Social Security Number	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Receive email alerts if available? <input type="checkbox"/> Yes <input type="checkbox"/> No Your election will only apply to this request. Email notifications will be sent from 'no-reply@mmascend.com'. Please be sure to remove this address from your list of blocked senders.

*If this address differs from what we have on file, we will update our records to reflect what is entered above.

1. Payout Options

Please select one of the following six options (*Options continue on page 2*).

Please contact us if you want an estimate of the payment amount. Once we process your request, you cannot change your payout option. All options may not be available for qualified contracts because of federal tax law restrictions.

<input type="checkbox"/> Payments for a Specified Period. If you die before the end of the specified period, the remaining payments will be made to your contingent payee(s) , which you will name in Section 4 of this form. Check one box below to specify the period over which payments are to be made. Payments for a period of <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> ___ years For qualified contracts, the specified period cannot exceed your life expectancy or 10 years, whichever is shorter.
<input type="checkbox"/> Payments for Life. Payments will continue as long as you live. Please provide proof of your age in the form of a copy of a birth certificate, driver's license, or passport. If your current name does not match this documentation, please also provide proof of name change (marriage certificate, divorce decree, etc.).

See additional Payout Options on page 2 →

- ☐ **Payments for Life with a Minimum Specified Period.** Payments will continue as long as you live. If you die before the end of the minimum specified period, payments for the balance of the minimum specified period will be made to your **contingent payees**, which you will name in Section 4 of this form.

Please provide proof of your age in the form of a copy of a birth certificate, driver's license, or passport. If your current name does not match this documentation, please also provide proof of name change (marriage certificate, divorce decree, etc.).

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

Payments for a minimum specified period of ☐ 5 years ☐ 7 years ☐ 10 years ☐ 15 years ☐ ___ years

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

- ☐ **Payments for Joint Lives and 50% Survivor.** Payments will continue as long as you live. If you die before the joint payee, he or she will receive 50% of the original payment amount for the rest of his or her life.

Please provide proof of age for you and the joint payee in the form of a copy of a birth certificate, driver's license, or passport. If either of your current names do not match this documentation, please also provide proof of name change (marriage certificate, divorce decree, etc.).

Joint Payee Name:

☐ Male

☐ Female

SSN:

Date of Birth:

Relationship:

For qualified contracts, the joint payee **must** either be your spouse or a person not more than 10 years younger than you.

- ☐ **Payments for Medicaid Life Expectancy.** If you die before the end of the life expectancy period, the remaining payments will be made to your **contingent payee(s)**, which you will name in Section 4 of this form. For qualified contracts, payments are limited to your life expectancy period or 10 years, whichever is shorter.

This option is irrevocable, which means that the lump sum value of the payments cannot be surrendered or withdrawn and the payment stream cannot be changed. Payments may not be assigned or transferred.

Please provide proof of your age in the form of a copy of a birth certificate, driver's license, or passport. If your current name does not match this documentation, please also provide proof of name change (marriage certificate, divorce decree, etc.).

In many cases, the State must be the contingent payee for any payments remaining after your death to the extent of any medical assistance paid on your behalf.

In order to process this election, you **MUST** initial below:



Initial Above

By **initialing** in the box to the left, I represent that I have retained **independent legal counsel** to assist with Medicaid eligibility planning and that this payout option is consistent with such Medicaid eligibility plan.

- ☐ **Other payout option** provided by the contract or acceptable to MassMutual Ascend or Affiliates. Specify requested option below.

2. Payment Frequency

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. Payment amounts must meet contract minimums. If a payment frequency is not marked, monthly payments will be made.

Payments to be made ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

3. Types of Distribution and Payee

On some contracts, we are unable to make payments to non-natural persons except for (1) Direct Rollovers specified below, or (2) payments to a plan where a corresponding payment is then owed to the plan participant or beneficiary. **Select one of the three options below and complete *ONLY* that section.**

☐ **Payment to Owner(s)**

We will make payments by check to you until Automatic/Direct Deposit arrangements have been completed. To receive Automatic/Direct Deposit, please fill out the information below.

Financial Institution Name		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	Routing Number
Names of all Owners of this Financial Institution Account		

I hereby authorize MassMutual Ascend and Affiliates and the financial institution identified above to deposit my annuity payments into my account identified above, and to adjust my account for any overpayments.

Note: If your account information cannot be verified, a check will be sent to your address of record in place of the direct deposit.

For requests signed by a Power of Attorney or contracts owned by a Trust, see Certification and Authorization Section for additional information.

☐ **Direct Rollover**

For Eligible Rollover Distributions from 403(b) TSAs, 401 Pension/Profit Sharing/401(k) Plans, and Governmental 457 Plans only.

Annuity payment must be a fixed option with a term of less than 10 years. Pursuant to Treasury Regulations Section 1.402(c)-2; Q&A-7, an annuity payment made on or after January 1 of the year the owner will reach his or her required minimum distribution age or retire (whichever is later) is not an eligible rollover distribution and will be paid to the owner.

- ☐ to Traditional IRA ☐ to 403(b) TSA ☐ to 401 Pension/Profit Sharing/401(k) Plan
☐ to Roth IRA ☐ to Governmental 457 Plan

A letter of acceptance from the new trustee, custodian, or insurer MUST be provided.

Financial Institution Name	
Account Number	Street Address
City, State, ZIP	

☐ **Payment to Annuitant (if different than the owner)**

For Non-Qualified contracts, tax reporting is to the owner and the owner will retain the right to change the payee unless you waive that right in writing. If you waive that right, you will be immediately taxed for the entire taxable portion of the contract.

Annuitant Name
Current Street Address
City, State, ZIP

4. Contingent Payee Designation

This section applies only to Payments for a Specified Period, Payments for Life with a Minimum Specified Period and Payments for Medicaid Life Expectancy. ***Skip to Section 5*** if you have selected Payments for Life or Payments for Joint Lives and 50% Survivor. Under the payout option, payments may extend beyond your life. The beneficiary section of the contract no longer applies. Subject to any contingent payee designation made by the owner, 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, phone, relationship to you, and payee's Social Security number.
- If a trust is named as a contingent payee, please provide the trust's name and the trust agreement date in the "Name" space.

For requests signed by a Power of Attorney or contracts owned by a Trust, see Certification and Authorization Section for additional information.

Contingent Payee Designation	
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____

*If you need additional space to name payees, please attach an additional page that is **signed and dated** by you.*

Caution for Payments for Medicaid Life Expectancy. If you do not name your State as the contingent payee, you may not qualify for Medicaid benefits.

5. 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 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, if any, are not adequate.

If you do not elect out of withholding or do not attach the IRS W-4P form or make a state election, then we will withhold the default or mandatory amount, notwithstanding any prior election you may have made for a prior withdrawal.

Federal Income Tax Withholding (select only one):

- ☐ Do not withhold federal tax, unless required.
- ☐ 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.

6. Special Tax Notice Regarding Plan Payments

The Special Tax Notice contains information about rollover rights and tax treatment of eligible rollover distributions from a 403(b) TSA plan, a 401 Pension/Profit Sharing/401(k) plan, or a Governmental 457 plan. It is provided for your information. Please contact our office prior to submitting this form if your contract is under one of these plans and you did not receive the Special Tax Notice.

For eligible rollover distributions from these plans, you have 30 days to consider your options.

Unless you check the box below, we will hold your request for this 30-day consideration period.

- ☐ I waive my 30-day consideration period.

7. Required Minimum Distribution (RMD) Information

If an RMD is due for the current or any prior year and the stream of payments will not be sufficient to meet it, 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 section 5 will apply to this payment. If you did not make an election, we will withhold 10% for federal income tax.

- ☐ I certify that I have taken all RMDs for *this* contract for the current year and all prior years in whole or in part from another permitted source.

8. For 403(b) TSA Contracts Only

If you do not have a 403(b) TSA, this section does not apply. I certify that these payments requested from my 403(b) TSA contract are permitted as a result of **(MUST CHECK ONE)**:

- ☐ **AGE 59½:** I am now age 59½ or older
- ☐ **SEVERANCE FROM EMPLOYMENT:** I have severed employment with the employer through which 403(b) TSA contributions were made.
Date of severance: _____ Name of employer: _____
- ☐ **DISABILITY:** I am unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. **Attach documentation if no plan administrator.**
- ☐ **QDRO:** Payments will be made to an alternate payee under a qualified domestic relations order. **Attach copy of court order.**
- ☐ **CONTRACT EXCHANGE:** Payments will be made as a contract exchange within the same employer 403(b) TSA plan. **If permitted by annuity contract.**
- ☐ **ROLLOVER ACCOUNT:** My contract was solely funded with employer contributions.
- ☐ **EMPLOYER CONTRIBUTIONS:** Must check one:
- ☐ My contract was issued on or before 12/31/08.
- ☐ The payment is permitted based on occurrence of event specified by plan document.

9. Owner/Annuitant/Participant Certification and Authorization

I understand that:

- All rights and benefits under any living benefit, death benefit, or other rider attached to my contract will end.
- Unless made in the form of a direct rollover, distributions before age 59½ may be subject to a 10% federal penalty tax (or 25% for some SIMPLE IRA distributions) in addition to other applicable income taxes.
- Pursuant to the transaction requested, the Company may use a third party service provider to verify your identity or confirm your ownership of the account to which you are requesting funds to be transferred.

I agree and certify that MassMutual Ascend or Affiliates is authorized to process this request for an annuity payout benefit, agree that all payments will be subject to the terms and conditions of the annuity contract, and agree to hold MassMutual Ascend and Affiliates harmless against any and all claims made by reason of compliance with this request.

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

For requests signed by a Power of Attorney (POA):

- We must receive a copy of the POA document.
- The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payment will be made to the Principal and not to the Attorney in Fact.
- A Contingent Payee designation naming the Attorney in Fact will be subject to additional review.

For contracts owned by a Trust:

- The acting Trustee(s) must sign.
- Payments can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.
- A Trust may not name a Contingent Payee unless additional documentation is provided.
- If there has been a change of Trustee(s) from the Trustee(s) on file, then you must submit a new Trust Certification (form X6017907NW).

Log into **MassMutualAscend.com** if you need the POA or Trust Certification form.

10. Plan Administrator Certification and Authorization (only applicable to 403(b) TSA, 401 Pension/Profit Sharing/401(k) or 457 tax qualified contracts)

Plan Administrator to complete this section.

Name of Employer Plan	Name of Plan Administrator	Plan Administrator Phone ()
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The Plan Administrator certifies that the annuity payout benefit is permitted under the employer's plan. The Plan Administrator authorizes MassMutual Ascend or Affiliates to process the request as indicated above.

Plan Administrator Signature

Date

11. Signature Notarization or Signature Guarantee (if applicable)

Your signature on this Annuity Payout Benefit request must be notarized or signature guaranteed below **ONLY** if:

- Requested by the home office; or
- You purchased the contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

Option 1: Notarized Signature

State of	County of
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Acknowledged before me this _____ day of _____ in the year _____ by
(name)_____

Signature of Notary Public
SEAL

My Commission expires (MM/DD/YYYY)

Option 2: Signature Guarantee

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible
Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).

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

OMB No. 1545-0074

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 . . . \$ _____
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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 \$ _____		
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) \$ _____		
No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2 . . . <input type="checkbox"/>		

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 \$ _____