



Affiliates:
Annuity Investors Life Insurance Company®
Manhattan National Life Insurance Company

Administrator for:
Continental General Insurance Company®
Loyal American Life 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

IOWA STATE WITHHOLDING EXEMPTION FORM

1. TAXPAYER INFORMATION (Please print)

Taxpayer Name	Contract/Certificate Number
Social Security Number of Taxpayer	

2. SIGNATURE AUTHORIZATION

By signing this form, I, the undersigned, am choosing to not have Iowa income tax withheld from my annuity payments.

I, the undersigned, certify under penalties of perjury or false certificate:

1. I am eligible for exemption from withholding under Iowa law because I am either (i) 55 or older as of December 31 of the tax year, or (ii) a person who is disabled, or (iii) a person who qualifies for the low-income exemption, or (iv) the surviving spouse, child, or parent of a pensioner or annuitant who was either disabled or would have been 55 or older in the tax year.
2. I authorize MassMutual Ascend or Affiliate to not withhold Iowa income tax from my annuity payments, and further agree to hold harmless and indemnify MassMutual Ascend or Affiliate against any and all claims which may be made by acting upon my election.

I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Taxpayer
(or Power of Attorney or Authorized
Representative)

Date

IMPORTANT NOTES:

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit must be on file. In addition, if this form is signed using a Power of Attorney, then a Beneficiary designation naming the attorney in fact will be subject to additional review.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted.