

Withholding Certificate for Annuity Payments from the Church Life Insurance Corporation FORM W-4P STATE EQUIVALENT

Type or Print Full Name	Daytime Phone Number	Your Social Security Number
Home Address (number and street or rural route)		Employee / Payee Number
City or town, State, and ZIP Code		

Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming do not impose personal income taxes and states such as **Hawaii, Illinois, Mississippi, New Hampshire, Pennsylvania and Tennessee** may exempt your annuity payments from tax.
Please consult your tax advisor prior to completing this form.

Mandatory State Withholding

Complete this section if you legally reside in one of the 14 states listed below.

If you DO NOT legally reside in the one of the 14 states listed below, you are not required to complete this form.

If you have elected federal income tax withholding and you do not return this completed form, we will automatically withhold state income tax from your annuity payments based on the default requirements for your state of residency.

**ARKANSAS, CALIFORNIA, DELAWARE, DISTRICT OF COLUMBIA, GEORGIA, IOWA, KANSAS, MASSACHUSETTS,
MAINE, NORTH CAROLINA, NEBRASKA, OKLAHOMA, OREGON, VERMONT OR VIRGINIA**

If you reside in one of the following six jurisdictions, state income tax is required to be withheld from your annuity payments **if federal income taxes are withheld from those payments.**

IOWA, MASSACHUSETTS, NEBRASKA, OKLAHOMA, OREGON, OR VIRGINIA

If, however, you reside in one of the following eight states, you may choose to not have state taxes withheld from your annuity payments by electing "No, do not withhold tax" below even if federal income taxes are withheld from those payments.

ARKANSAS, CALIFORNIA, DELAWARE, GEORGIA, KANSAS, MAINE, NORTH CAROLINA OR VERMONT

If you reside in the **DISTRICT OF COLUMBIA**, income tax is required to be withheld from your lump-sum distributions of your entire account.

State of residence for tax purposes: _____

YES, withhold tax: _____ **OR**

NO, do not withhold tax. I understand that I may check this box only if I reside in one of the eight states listed above or if I have elected not to have federal tax withheld.

Married Single Other State Classification _____
Number of Allowances _____
Withhold Additional Amount \$ _____

CALIFORNIA RESIDENTS ONLY: Withhold at 10% of federal tax
(California residents have the option to check this box or complete the section above)

IOWA RESIDENTS ONLY: Withhold at 5% of federal tax
(Iowa residents have the option to check this box or complete the section above)

By signing below, I authorize the Church Life Insurance Corporation to apply the elections indicated on this form to future annuity payments.

Your Signature: _____

Date: _____