

Defined Benefit Withdrawal Notice Participant or Trustee Payout

Important Information about this Form

- A 1099R form will be issued for each distribution by January 31 of the following year and mailed to the participant address provided in Section 1 (or electronically delivered if previously elected by the participant).
- If Section 6 is not signed by the participant/beneficiary, the payment will not be issued until we receive a completed IRS Form W-9.
- Average turnaround time for the payment (check or wire) to be released is 7 to 10 business days.
- Contact John Hancock if you have any questions.
- This request is subject to the processing and procedure guidelines contained in John Hancock's Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock representative for a copy.

All changes must be initialed in pen (including items crossed out or changed using correction fluid).

Completed documents must be submitted on the website using the Submit a Document tool. For further assistance, contact your Client Account Representative.

1. General Information

The Trustee of		Plan ("the Plan")	Contract Number
Contractholder Name			
Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)		Participant Social Security Number (Full SSN Required)	Date of Birth
Participant Address – Street Address		Month	Day
City, State, Zip Code, Country		Year	Participant Phone No.
Gender: Male Female			

2. What is the reason for your withdrawal?

It is the responsibility of the Plan Administrator, and not of John Hancock, to ensure that the participant is permitted under the terms of the Plan to receive the distribution selected below.

TE – Termination date	Month	Day	Year	PD – Early/Pre-Retirement
RE – Retirement				MD – Minimum Distribution
DI – Disability				Other –
DE – Death – date of death	Month	Day	Year	
Beneficiary Name as displayed on the Social Security Card (Last Name, First Name, Initial)	Beneficiary Social Security Number (Full SSN Required)			Date of Birth
				Month
				Day
				Year
Beneficiary Address – Street Address, City, State, Zip Code, Country				Gender: Male Female

Information about Deferred Distributions

Section 1102 of the Pension Protection Act of 2006 requires plans to notify participants that they have the right to defer distributions as well as the consequences of making that choice. The investment options available under your group annuity contract as well as the fees related to the investment options are part of this consideration. For a description of the investment options available under your group annuity contract, including fees, contact your client account representative.

3. Benefit Payment Details

Complete "Third Party Administrator (TPA) Withdrawal Fee" field to direct John Hancock to pay the fee indicated below from contract assets to the TPA currently on record for the Contract. No fee will be applied if this field is not completed. The fee will be deducted from contract assets at the time of the distribution using the standard withdrawal protocol and will be held in John Hancock's general business account until paid to the TPA.

Participant Pre-Tax Benefit Amount: \$ _____

Participant After-Tax Benefit Amount: \$ _____

Third Party Administrator (TPA)

Withdrawal Fee \$ _____

This fee is drawn from contract assets; it is not deducted from the amount payable to the participant.

Total amount to be withdrawn* \$ _____

*Total Withdrawal = Participant Pre-Tax Benefit + Participant After-Tax Benefit + TPA Fee

IRS Distribution Code:

The applicable IRS distribution code will be based on the type of distribution and/or age of the participant.

If the early distribution exception code applies check here. (Code 2 will be applied)

4. What do you want to do with your money?

Complete **Section A** if you wish to make your distribution payable to only a single destination. For multiple destinations, complete **Section B**.

A - Send my payment to ONE destination only - Select ONE option only.

Direct Rollover to an IRA or Roth IRA - Complete Section 5A or 5B

Direct Rollover to Employer Sponsored Qualified Plan - Complete Section 5C

Payment Directly to Me - Complete Section 5D

Pay to the Plan Trustee for Deposit into the Plan's Trust Account - A check will be mailed to the Trustee address on record with John Hancock unless EFT instructions are provided in Section 5E. Taxes will not be withheld and a 1099R Form will not be issued. The Plan Trustee will be responsible for implementing the participant's direction and performing the applicable withholding and reporting obligations. Complete Section 5E.

Pay to another Entity that is not a Participant nor the Trustee - A check will be mailed to the Trustee address on record with John Hancock unless EFT instructions are provided in Section 5F. Taxes will not be withheld and a 1099R Form will not be issued. Complete Section 5F.

OR

B - Send my payments to MULTIPLE destinations - If applicable, you may provide separate instructions for the taxable and non taxable money that make up your requested withdrawal.

- Payments directly to you will be deemed to come first from non-taxable amounts
- Payments directly to you will be processed first. Any remaining funds will be directly rolled over to the appropriate rollover vehicle indicated below.
- Your withdrawal will be processed in accordance with the time frame described in our Administrative Guidelines.
- **Split my payment** - Select all the applicable options below and then complete the next section.

Pay directly to me \$ _____
(Section 5D)

Pre-Tax and Non-Roth After-Tax:

Non Taxable balance directly rolled over to:

Traditional IRA
(Section 5A)

Roth IRA
(Section 5B)

Employer Sponsored Qualified Plan
(Section 5C)

Taxable balance directly rolled over to:

Traditional IRA
(Section 5A)

Roth IRA
(Section 5B)

Employer Sponsored Qualified Plan
(Section 5C)

5. Where do you want your money sent?

A – Traditional IRA

Direct Rollover to the following John Hancock product. *Your funds will be transferred automatically by wire. You must provide the account number. For more information contact John Hancock at 1-888-695-4472.*

Elect one:

John Hancock Investments Rollover IRA (RIRS) Account Number: _____

John Hancock Managed IRA (JHMI) Account Number: _____

OR

Direct Rollover to another Financial Institution Account Number: _____

Financial Institution Name _____

Financial Institution Address – Street, City, State, Zip Code, Country _____

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • Checks: 7-10 business days • Direct Deposit: 2-3 business days • Wires: 1-2 business days

Electronic Fund Transfer Details

Direct Deposit OR Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

Bank Name _____

Bank ABA/Routing (9 digits) _____

Bank Account No. _____

For international banks, complete and attach the International Banking Instructions form.

B – Roth IRA

Direct Rollover to the following John Hancock product. *Your funds will be transferred automatically by wire. You must provide the account number. For more information contact John Hancock at 1-888-695-4472.*

Elect one:

John Hancock Investments Rollover IRA (RIRS) Account Number: _____

John Hancock Managed IRA (JHMI) Account Number: _____

OR

Direct Rollover to another Financial Institution Account Number: _____

Financial Institution Name _____

Financial Institution Address – Street, City, State, Zip Code, Country _____

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit

OR

Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For international banks, complete and attach the International Banking Instructions form.

C - Employer Sponsored Qualified Plan

The Trustee of

Plan Name

Plan Account Number

Financial Institution Name

Financial Institution Address – Street, City, State, Zip Code, Country

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit

OR

Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For international banks, complete and attach the International Banking Instructions form.

D - Payment Directly to Me or to a Beneficiary/Estate/Trust/Charity – All applicable taxes will be withheld**Federal Tax Withholding Instructions****For a Participant or Beneficiary Payee**

For an eligible rollover distribution, such as a partial or lump sum paid to you, you are subject to mandatory 20% federal income tax withholding. You can choose a rate greater than 20% for federal withholding by completing the attached *Form W-4R Withholding Certificate*. You may not choose a rate less than 20%.

Check the box below if you are neither a U.S. person nor a U.S. resident alien. In such case, 30% federal tax withholding will apply unless (1) your country of residence shown below has a tax treaty with the U.S. that provides an exemption from U.S. tax or a lower rate of withholding and (2) you attach a completed and valid IRS Form W-8BEN.

I am neither a U.S. person nor a U.S. resident alien. Country of residence: _____

For nonperiodic payments, such as required minimum distributions ("RMD"), you are subject to 10% federal income tax withholding, in addition to any applicable state tax withholding, unless you choose to have a different federal tax rate applied to your payment by completing the attached *Form W-4R Withholding Certificate*.

If you return a completed *Form W-4R Withholding Certificate*, John Hancock will apply your withholding election to your RMD payment, unless you write clearly on the *W-4R Withholding Certificate* that your withholding election is to be applied instead to the portion of your distribution that is considered an eligible rollover distribution (that is, not the RMD payment). In order to apply tax withholding other than the default to both your RMD payment and the remainder of your distribution (considered an eligible rollover distribution), you must complete two *W-4R Withholding Certificates* and write clearly on each form to which payment the withholding election should be applied.

For Estate, Trust, or Charity Payee

The withdrawal is taxable and subject to federal income tax withholding of 10% unless it is less than \$200 or you choose to have a different federal tax rate applied to your payment by completing the attached *Form W-4R Withholding Certificate*. Even if you elect not to have federal income tax withheld, the Estate/Trust/Charity is liable for payment of federal income tax on the taxable portion of the withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if the payments of estimated tax and withholding, if any, are not adequate.

State Tax Withholding Instructions

Your withdrawal is also subject to any applicable state tax and state tax withholding.

State of Residence Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided on this form.

State of Residence	Options for State Tax Withholding
AR, DC, KS, MA, MD ¹ , ME, NC, NE, VA, VT	You may not opt out. Since your distribution was subject to federal income tax, these states require mandatory state withholding based on the states' applicable minimum requirements.
CT	Generally, state tax withholding will be applied to your taxable distribution at the rate of 6.99%. However, if you elected a partial withdrawal, a flat dollar amount may be withheld instead, but the amount must be calculated based on a completed CT-W4P form provided to the Plan Administrator. If no amount is indicated, 6.99% will be withheld. I elected a partial distribution on this form and provided a completed CT-W4P to my Plan Administrator. The calculated amount to be withheld is: \$ _____
MI, IA	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked: I elect to opt out of withholding. I am eligible to claim exemption of \$ _____; withhold tax only on the taxable, distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form W-4P.
MN	State tax withholding of 6.25% will be applied to your taxable distribution unless one of the following boxes is checked: I elect to opt out of state tax withholding. Withhold _____ % or \$ _____
OK	State tax withholding at the minimum rate will be applied to your taxable distribution unless one of the following boxes is checked ^{1,2} or you have elected to have no federal tax withholding applied to your distribution ² : I elect to opt out of state tax withholding. Withhold _____ % (minimum 4.75%)
CA, OR	I elect to opt out of mandatory state withholding.
AL, CO, DE, GA, ID, IL, IN, KY, LA, MD ² , MO, MT, ND, NJ, NM, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. Some states mandate a minimum and/or maximum percentage. _____ % or \$ _____
¹ For distributions eligible for rollover ² For distributions not eligible for rollover	

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued, it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit – My personal bank account is: Checking OR Savings

OR

Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide domestic bank details:

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For international banks, complete and attach the International Banking Instructions form.

E – Pay to the Trustee of the Plan

Trustee is responsible for disbursement of funds, all tax withholding, and reporting to the IRS.

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit **OR** Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide domestic bank details:

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For international banks, complete and attach the International Banking Instructions form.

F – Pay to Entity other than Participant or Trustee

Name of Entity: _____

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit **OR** Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide domestic bank details:

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For international banks, complete and attach the International Banking Instructions form.

6. Participant or Beneficiary Signature

If I am a participant/beneficiary in a contract issued by John Hancock Life Insurance Company of New York, I understand that if 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, shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. I understand that, if I am a participant under a contract issued by John Hancock Life Insurance Company (U.S.A.), civil penalties may apply.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

Under penalties of perjury, I certify that:

- 1. The number shown in Section 1 of this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).**

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Under penalties of perjury, I certify the above statements.

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

Signature of Participant or Beneficiary

Name - please print

Date

The following sections are to be completed by the Plan Representative.

7. Withdraw from the Following Funds

If no option is selected, John Hancock's standard withdrawal order will be used.

Withdraw the amount using the Contract's current allocation instructions

Withdraw the amount pro-rata from all funds.

Withdraw the amount as instructed below.

Investment Fund Code (optional)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

8. Trustee/Authorized Signer Signature

I hereby direct and authorize John Hancock to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations, and agreements contained in this form are complete and correct and agree that John Hancock will rely on them, including to determine the tax withholding and reporting requirements applicable to the requested withdrawal. I represent that the withdrawal(s) requested herein are permitted by law and in accordance with the Plan. If the amount withdrawn is paid directly to the Plan Trustee, I also agree that I am responsible for the proper handling of the funds in accordance with the law. I represent that any Third Party Administrator fee is in accordance with the agreement with the Third Party Administrator and is reasonable and authorized under the terms of the Plan.

I certify that the required participant/beneficiary elections and consents to this withdrawal including, if applicable, spousal consent for married participants as required by IRC Sec. 417, have been properly obtained. I further certify that all necessary and applicable information required under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required under IRC Sec. 402 have been provided to the participant/beneficiary. I further certify that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that, if applicable, (i) the participant/beneficiary has waived the 30-day waiting period; and (ii) the *Withholding Certificate for Pension or Annuity Payments (Form W-4P)* for the states of Michigan and Iowa have been properly obtained, completed in accordance with Michigan and Iowa law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the participant/beneficiary.

If the participant/beneficiary is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the participant/beneficiary's behalf.

On behalf of the Plan Sponsor, the Plan, and its related trust, I further agree to indemnify and hold harmless John Hancock, and its affiliates, and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form or any of the certifications provided on this form being incorrect.

Signature of Trustee/Authorized Signer

Name - please print

Date

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions****Give Form W-4R to the payer of your retirement payments.****2025****1a** First name and middle initial

Last name

1b Social security number

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

%

**Sign
Here****Your signature** (This form is not valid unless you sign it.)**Date****General Instructions**

Section references are to the Internal Revenue Code.

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

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

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

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

2025 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%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

*If married filing separately, use \$390,800 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 2025, 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; 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" 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.