



Application Number or Policy Number:

SCAN CODE
TAXN

FARM BUREAU LIFE INSURANCE COMPANY OF MICHIGAN
SUBSTITUTE FORM W-4P
REQUEST FOR PERIODIC ANNUITY PAYMENTS

Complete this form to elect or update your federal withholding election for ongoing annuity payments. If you do not make an election, amounts received from your annuity contract may be subject to income tax withholding. Withholding applies only to the amount which may be subject to income tax. The amount of federal withholding will be based on IRS guidelines, if not specified. No refunds can be made by the Company on amounts withheld. *For complete instructions and worksheets, please visit www.irs.gov and search W-4P.*

First Name	Last Name	Social Security Number	
Address		City	State ZIP

If I am eligible, I elect to NOT have federal withholding apply to distributions; OR

Withhold federal income tax according to the following:

Marital status and total number of allowances you are claiming from each periodic payment:

- Marital status:
 - Single
 - Married
 - Married, but withhold at higher Single rate
- Number of allowances you are claiming _____

Optional additional amount of federal withholding \$ _____

For State of Michigan withholding, submit State of Michigan Withholding Certificate, MI W-4P.

Farm Bureau Life Insurance Company of Michigan advises you to consult with a personal tax consultant concerning this withholding election. I assume full responsibility for meeting the Internal Revenue Code requirements that must be met to qualify for this election.

X _____ **X** _____
Signature of Primary Owner Date Signature of Joint Owner (if applicable) Date