

# AURORA

## WITHHOLDING ELECTION FOR ANNUITY SETTLEMENT OPTION

AN RGA COMPANY

Aurora National Life Assurance Company • PO Box 4336, Clinton, IA 52733-4336 • Telephone (800) 265-2652

### FEDERAL WITHHOLDING

Instructions: Withholding only applies to the portion of each of your payments that is includable in income and will be subject to the same rules as wage withholding. Please check the box with your election below, then sign and date the AUTHORIZATION Section.

Return the signed and dated election form to:

AURORA NATIONAL LIFE ASSURANCE COMPANY  
PO BOX 4336  
CLINTON, IA 52733-4336

- A. Do Not withhold Federal income tax from my pension or annuity payments.
- B. Withhold Federal Taxes of \_\_\_\_\_% or \$\_\_\_\_\_
- C. I want to have income tax withheld from my pension or annuity payments based on the following:
1. Marital Status:       Single       Married       Head of Household
2. Indicate number of exemptions \_\_\_\_\_

### STATE WITHHOLDING

**1. For residents of Iowa, Kansas, Maine, Massachusetts, Nebraska, Vermont, and Virginia**

We are required to follow your Federal withholding election for state tax withholding purposes. If you want additional state withholding, you may indicate the additional dollar amount or percentage that you would like withheld from each payment below. If you have not filed a withholding election, we will withhold state income tax as prescribed by your state **If you do not want state or Federal tax withheld, check Box A under Federal Withholding above.**

Additional withholding per payment \$ \_\_\_\_\_ or \_\_\_\_\_%

**2. For residents of Arkansas, California, Delaware, Georgia, North Carolina, Oklahoma, and Oregon**

We are required to withhold state income tax from your payments; however, you may elect out of this requirement. If you wish to elect out of state tax withholding, check the box below.

**CHECK HERE** if you do not want state income tax withheld from your pension or annuity.

If you want additional state withholding, you may indicate the additional dollar amount or percentage that you would like withheld from each payment below.

Additional withholding per payment \$ \_\_\_\_\_ or \_\_\_\_\_%

**3. For residents of Michigan**

We are required to withhold state income tax from your payments. **You must** complete Michigan form MI W-4P to designate your state withholding election. **If you do not want Federal tax withheld, check Box A under Federal Withholding above.**

**4. All Other States**

State income tax withholding is not required. We will not automatically withhold state income tax if you request Federal income tax withholding and you reside in a state other than the ones listed above.

Your State of Residence will determine your state income withholding requirements, if any. Your State of Residence is determined by your legal address on record provided for your Annuity. In every state but Michigan, you may use the withholding section of this form as a substitute for your state's Form W 4-P to indicate to Aurora National Life Assurance Co. your election to withhold no tax from your annuity, or to withhold state income taxes at a stated rate. If you are a Michigan resident you may only use the Michigan State Form W-4P (form enclosed) to instruct Aurora National Life Assurance Co. of your tax withholding election. Aurora National Life Assurance Co. will not withhold state income taxes unless required by state law.

Aurora National Life Assurance Co. and its agents do not provide financial, tax, or legal advice. You may wish to consult with a tax advisor to determine how Local, State, and Federal tax laws may impact the taxation of the distribution(s) from your Annuity.

### AUTHORIZATION

SIGNATURE OF CONTRACT OWNER:	DATE
SOCIAL SECURITY OR TAX I.D. NUMBER	CONTRACT NO.