

**SUBSTITUTE FORM W-4P**  
**IMPORTANT FEDERAL TAX INFORMATION**

The payments you receive from Woodmen of the World Life Insurance Society may be subject to Federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your payments by completing item 1 below and returning this election to WoodmenLife. Your election will remain in effect until you revoke it. You may revoke your election at any time by contacting WoodmenLife and completing a new form. If you do not return the election, Federal income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances.

If you elect not to have withholding apply to your payments, or if you do not have enough Federal income tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**FEDERAL WITHHOLDING CERTIFICATE**

First Name	Middle Initial	Last Name	Social Security Number
Address			Certificate Number(s)
Address			
City	State	Zip Code	

- I elect not to have income tax withheld from my payments. (Do not complete lines 2 or 3). . . . .
- I want my withholding from each periodic payment to be figured using the number of allowances and marital status shown. (You may also designate a dollar amount on line 3). . . . .  
 Marital status:  Single  Married  
 AND \_\_\_\_\_ (Enter number of allowances)
- I want the following additional amount withheld from each periodic payment. Note: You cannot enter an amount here without entering the number of allowances on line 2. . . . . \_\_\_\_\_

**STATE INCOME TAX WITHHOLDING ELECTION:**

**Choose One (Do not complete this section if you checked the box in Line 1):**

If you have questions regarding state withholding, contact your tax advisor or your state's taxing authority. If federal tax is withheld, Woodmen of the World Life Insurance Society will withhold at least the minimum amount required by your state unless you specify a higher amount below.

- Do **not** withhold state income tax. I understand this election will not apply in states that do not permit persons to elect out of withholding . . .
- Withhold my state's minimum requirement (the marital status you chose above will apply to your state withholding) . . . . .   
 Withhold this **additional** amount \$ \_\_\_\_\_

**Note: If you do not check any of the boxes, the minimum requirement will automatically be withheld for both federal and state income tax, when applicable.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature REQUIRED)