

1) General Information For All Requests

- a) Name of taxpayer: _____
- b) Address: _____
- c) Daytime phone number: (____) _____
- d) Organization providing annuity or pension: _____
- e) Annuity starting date: Month _____ Day _____ Year _____
- f) Total taxed contributions \$ _____
- g) Taxed contributions after June 1986* \$ _____

* Employees in many retirement systems stopped paying taxes on contributions before July 1, 1986. Please indicate if this applies to you. If this doesn't apply and you are unable to furnish the amount for g) above, please indicate that you are electing under section 1.72-9 of the Federal Income Tax Regulations to treat your entire cost of the contract as a post-June 1986 cost.

- h) Was the employee (or retiree) a nonresident alien at any time during their employment on which the annuity is figured? (If yes, explain.) ☐ Yes ☐ No
- i) Is the annuity for life or for a specified period? Explain. _____
- j) Is there a feature that guarantees that a certain minimum amount will be paid under the contract, even if the annuitant(s) should die before that amount has been paid? ☐ Yes ☐ No
- If yes, how much is guaranteed? \$ _____
- k) Is the annuity a disability retirement annuity? ☐ Yes ☐ No
- If yes, when would you be eligible for retirement had you not been disabled? _____
- l) If you elected to receive a modified annuity in order to receive a lump-sum payment or other benefit, indicate:
- (1) Date you made election ____/____/____
- (2) Date of payment(s) ____/____/____ Type _____ Amount \$ _____
- (3) Annuity rate before election _____
- (4) Annuity rate after election _____
- (5) Amount of any deposit or redeposit of contributions you were deemed to have made \$ _____

2) For retired annuitant

- a) Your date of birth: Month _____ Day _____ Year _____
- b) Survivor annuitant's name _____ and date of birth: Month _____ Day _____ Year _____
- c) Your social security number _____
- d) Your sex: ☐ Female ☐ Male
- e) Your gross monthly annuity \$ _____
- f) Survivor's potential monthly annuity \$ _____

3) For survivors of deceased employees or retirees

- a) Complete the following:

	Surviving spouse	Child	Other
Name			
Social security number			
Sex (F or M)			
Date of birth	/ /	/ /	/ /
Monthly annuity rate			
Other amounts payable	\$	\$	\$

- b) At the time of death, the decedent was (check one):

☐ Retired on disability ☐ Retired on non-disability ☐ Still employed

NOTE: Be sure to sign the statement on the back.