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PuritanLife

ROTH IRA CONVERSION FORM

Section A: IRA Information

Owner/Participant:____

Policy/Contract Number:___________________________ Social Security Number: ____________________ State:_________

Section B: Roth IRA Conversion Information

Tax Year: _____________ ☐ Full Roth Conversion Amount:___________________

Section C: Tax Withholding Instructions

By electing to convert your contract to a Roth IRA, you are authorizing Puritan Life Insurance Company to create a taxable distribution. We are required to withhold a minimum of 10% from your distribution for federal income tax unless you elect not to have taxes withheld or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is include in your income subject to Federal Income Tax. Depending on your state of residence, state withholding may also apply. Any tax withholdings will count towards your penalty free withdrawal for the year.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld or the payments of estimated tax and other withholdings are not adequate to satisfy tax liability. Please consult a tax professional if you have any questions.

I elect:

☐ Not to have Federal/State income taxes withheld.

☐ To have Federal/State income taxes withheld.

_______% of Federal income tax withheld.

_______% of State income tax withheld.

STATE SPECIFIC INSTRUCTIONS:

ARIZONA residents: If you want to have Arizona taxes withheld, you must submit form A-4P.

MICHIGAN residents: If you were born after 1946, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using form MI W-4P.

Section D: Spousal Consent (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

☐ Not married

I,____, ☐ Spouse ☐ Former Spouse of the owner of the above-reference policy, relinquish all of my rights to any interest which I may have in the policy, now or in the future, by virtue of the Community Property Laws of the State or territory of ______________________________________

____ ____

Signature of Owner's Spouse or Former Spouse Spouse or Former Spouse's Name Printed

Section E: Tax Identification Certification (Substitute W-9)

Under penalties of perjury, I, the below signed, certify that:

1. My Social Security number or taxpayer identification number shown on this form is correct.
2. I am not subject to backup withholding due to failure to report interest or dividend income.
3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); and
4. I am not subject to FATCA reporting because I am a U.S. person, and the account is located within the United States.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest or dividends on your tax return. If you are a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

Section F: Signatures

I acknowledge by signing this form that converting all or part of the above-named IRA to a Roth IRA will create a taxable event for the year of election. A 1099-R reporting the elected conversion amount as taxable will be sent out for the year in which election was made. Neither Puritan Life Insurance Company nor its employees give legal or tax advice, and I have been advised to consult a tax profession regarding the tax implications of this conversion. I acknowledge that I will receive a ROTH IRA Endorsement to my contract.

I understand that this request is subject to the provisions and conditions of the policy and that the Company may require additional information or requirements.

______________________________	______________________________
Signature of Participant and/or Owner	Date Signed
______________________________	______________________________
Address	Social Security No. (Required)