## Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty may be imposed for filing forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns for more information about penalties.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or <u>Order Information</u> <u>Returns and Employer Returns Online</u>, and we'll mail you the scannable forms and other products.

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

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ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal identification no. PARTICIPANT'S taxpayer identification no.		OMB No. 1545-2234	Qualifying		
				20 <b>14</b>		Longevity Annuity Contract	
			1a Annuity amount or	n start date			Information
			\$		Form <b>1098-Q</b>		
		1b Annuity start date         2 Check if start date n accelerated					
		<b>3</b> Total premiums		4 FMV of QLAC		Internal Revenue Service Center	
		\$		\$			
PARTICIPANT'S name Street address (including apt. no.)			5a		5b		File with Form 1096.
		5c		5d		For Privacy Act and Paperwork Reduction Act Notice.	
		5e		5f		see the 2014 General Instructions for	
		5g July	dd	5h August	dd	Certain Information	
City or town, state or province, country, and ZIP or foreign postal code		\$		\$		Returns.	
			5i September	dd	5j October	dd	
Name of plan	Plan no	р.	\$		\$		
			5k November	dd	5I December	dd	
			\$		\$		
Account number (see instructions)		onsor's employe ation no.					
Form 1098-Q Cat. Do Not Cut or Separate Fo	. No. 67073Z rms on Ti	nis Page	www.irs.gov/fc				- Internal Revenue Service s on This Page

		CTED (if check	ied)		_		
ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal ider	ntification no.	OMB No. 1545-2234		Qualifying	
		PARTICIPANT'S taxpayer identification no.		2014	Longevity Annuity Contract		
		1a Annuity amount on start date				Information	
		\$		Form <b>1098-Q</b>			
			1b Annuity start date		2 If checked, start date may be accelerated		
		3 Total premiums		4 FMV of QLAC \$			
PARTICIPANT'S name		5a		5b		This information is being furnished to the Internal Revenue	
		5c		5d		Service.	
Street address (including apt. no.)							
		5e		5f			
		5g July	dd	5h August	dd		
City or town, state or province, country, and ZIP or foreign postal code		\$		\$			
		5i September	dd	5j October	dd		
Name of plan	Plan no.	\$		\$			
		5k November	dd	5I December	dd		
Account number (see instructions)	Plan sponsor's employer identification no.	\$		\$			
Form <b>1098-Q</b> (Keep	for your records)	www.irs.gov/f	form1098q	Department of the	Treasury -	Internal Revenue Service	

## Instructions for Participant

The information on this Form 1098-Q is submitted to the IRS by the issuer of your qualifying longevity annuity contract (QLAC) to report the status of the contract. The value of any QLAC purchased after July 1, 2014, held by your plan or IRA (section 401(a), 403(a), 403(b), 408 (other than a Roth IRA) or eligible governmental plan under section 457(b)), is not included when calculating the required minimum distribution (RMD) from your plan or IRA.

You will receive this statement annually beginning with the first year in which premiums are paid and ending with the earlier of the year in which you attain age 85 or die. In the event of your death, if the sole beneficiary under the contract is your surviving spouse, this annual statement will be furnished to your surviving spouse until distributions commence, or if earlier, the year in which your surviving spouse dies.

If you have questions about your QLAC, contact the issuer at the address and phone number shown on the front of the form.

Account number. May show an account or other unique number the issuer assigned to distinguish your account (QLAC).

**Participant's identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Plan name, number, and employer identification number.** Shows, if the contract was purchased under a plan, the name of the plan, the plan number, and the employer identification number (EIN) of the plan sponsor.

Box 1a. Annuity amount on start date. If the payments have not started, shows the annuity amount payable on start date.

**Box 1b. Annuity start date.** If the payments have not started, shows the date on which the annuity is scheduled to start. The date reported is shown in the format month, day, and year (mmddyyyy).

Box 2. If checked, shows that the start date may be accelerated.

**Box 3.** Shows the cumulative total amount of premiums paid for the contract.

**Box 4.** Shows the fair market value (FMV) of your QLAC as of December 31, 2014.

Boxes 5g–5l. Shows the amount of each premium paid for the contract and the date each premium payment was made in 2014.

**Future developments.** For the latest information about developments related to Form 1098-Q and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/form1098q*.

		CTED				
ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal ident	tification no.	OMB No. 1545-2234		
		PARTICIPANT'S taxpayer identification no.		2014	Qualifying Longevity Annuity Contract	
		1a Annuity amount or	n start date			Information
		\$		Form <b>1098-Q</b>		
				2 Check if start date may be accelerated		Copy C For Issuer
		3 Total premiums 4		4 FMV of QLAC		
			\$		\$	
PARTICIPANT'S name Street address (including apt. no.)		5a		5b		For Privacy Act and Paperwork
		5c		5d		Reduction Act Notice, see the <b>2014 General</b>
		5e		5f		Instructions for Certain Information
		5g July	dd	5h August	dd	Returns.
City or town, state or province, country, and ZIP or foreign postal code		\$		\$		
		5i September	dd	5j October	dd	
Name of plan	Plan no.	\$		\$		
		5k November \$	dd	5I December \$	dd	
Account number (see instructions)	Plan sponsor's employer identification no.		.1	ψ	<u> </u>	1
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## Instructions for Issuer

To complete Form 1098-Q, use:

• the 2014 General Instructions for Certain Information Returns, and

• the 2014 Instructions for Form 1098-Q.

To order these instructions and additional forms, go to *www.irs.gov/form1098q* or call 1-800-TAX-FORM (1-800-829-3676).

**Caution.** Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

**Due dates.** Furnish Copy B of this form to the participant by February 2, 2015.

File Copy A of this form with the IRS by March 2, 2015. The IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1098-Q, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).