7474 🔲		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 PARTICIPANT'S tax identification no.	T'S taxpaver		Qualifying		
		1a Annuity amount on start date \$ Fo 1b Annuity start date 2 Chrace		2016		Contract	
				Form 1098-Q	Informatior		
				2 Check if start date may be accelerated 4 FMV of QLAC		Copy A For Internal Revenue Service Center	
PARTICIPANT'S name		5a January	dd	5b February	dd	File with Form 1096	
		\$		\$			
		5c March	dd	5d April	dd	For Privacy Act and Paperwork	
Street address (including apt. no.)		\$		\$		Reduction Act Notice,	
		5e May \$	dd	5f June \$	dd	see the 2016 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	
Account number (see instructions)	Plan no.	5i September \$	dd	5j October \$	dd		
		5k November	dd	5I December	dd	-	
		\$		\$			
Name of plan	Plan sponsor's employer identification no.		1		1	1	
Form 1098-Q Cat. Do Not Cut or Separate For	No. 67073Z ms on This Page	www.irs.gov/fc — Do No				- Internal Revenue Service IS on This Page	

		CTED (if checke	d)		_	
ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal identi	fication no	. OMB No. 1545-2234		Qualifying
		PARTICIPANT'S taxpayer identification no.		2016	Longevity Annuity Contract	
		1a Annuity amount on start date \$ Form				Information
				Form 1098-Q		
		1b Annuity start date		2 If checked, start date may be accelerated		Copy B For Participant
		3 Total premiums 4 FMV of QLA		4 FMV of QLAC		
		\$		\$		
PARTICIPANT'S name		5a January	dd	5b February	dd	This information is
		\$		\$		being furnished to
		5c March	dd	5d April	dd	the Internal Revenue
Street address (including apt. no.)		\$		\$		Service.
		5e May	dd	5f June	dd	
		\$		\$		
		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	
Account number (see instructions)	Plan no.	\$		\$		
		5k November	dd	5I December	dd	
		\$		\$		
Name of plan	Plan sponsor's employer identification no.					
Form 1098-Q (Keep for yo	ur records)	www.irs.gov/for	rm1098q	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. Prior to annuitization, 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 taxpayer 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 number, name, and employer identification number. Shows, if the contract was purchased under a plan, the number of the plan, the name of the plan, 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, 2016.

Boxes 5a–5I. Shows the amount of each premium paid for the contract and the date each premium payment was made in 2016. If there is more than one payment per month, the box for that month will include the total payments for the month and the date of the last payment in the month.

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.*

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ISSUER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.		ISSUER'S federal iden	tification no.	OMB No. 1545-2234		Qualifying	
		PARTICIPANT'S tax identification no.	xpayer	2016	Longevity Annuit Contrac		
			1a Annuity amount on start date \$ Form 1098-Q		Information		
		1b Annuity start date		2 Check if start date may be accelerated		Copy C For Issuer	
		3 Total premiums 4 FMV of QLAC		4 FMV of QLAC			
			\$\$				
PARTICIPANT'S name		5a January \$	dd	5b February \$	dd	For Privacy Ac and Paperwor	
		5c March	dd	5d April	dd	Reduction Act Notice, see the	
Street address (including apt. no.)		\$		\$		2016 General	
		5e May	dd	5f June	dd	Instructions for Certain Information	
		\$		\$		Returns.	
		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		
Account number (see instructions)	Plan no.	\$		\$			
		5k November	dd	5I December	dd		
		\$		\$			
Name of plan	Plan sponsor's employer identification no.						
Form 1098-Q	www.irs.gov/form1098q			Department of the	Treasury	- Internal Revenue Service	

Instructions for Issuer

To complete Form 1098-Q, use:

- the 2016 General Instructions for Certain Information Returns, and
- the 2016 Instructions for Form 1098-Q.

To order these instructions and additional forms, go to *www.irs.gov/form1098q*.

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 January 31, 2017.

File Copy A of this form with the IRS by February 28, 2017. 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).