

Systematic Withdrawal Plan / Required Minimum Distribution Form

INSTRUCTIONS:

1. Complete the attached Systematic Withdrawal Plan / Required Minimum Distribution Form.
2. Sign the form.
3. Mail or fax the completed, signed form to:

Please send to: Regular Mail	Overnight Mail
Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
Client Services: (800) 544-5445	
Fax Services: (833) 748-4712 <i>(See fax service)</i>	

Fax Service – If your request does not require a signature guarantee or additional documentation, you may fax this request to 833-748-4712 for processing.

You may automatically sell shares from your account on a regular basis. You may designate either a set dollar amount or a set number of shares. Please refer to the table below for specific fund minimums to establish a Systematic Withdrawal Plan.

Fund	Minimum SWP Payment Amount	Minimum Account Value To Establish SWP	Frequency
Legg Mason	\$50	<ul style="list-style-type: none"> • \$5,000 - Retirement • \$10,000 - Non-Retirement 	<ul style="list-style-type: none"> • Monthly • Semi-Annually • Quarterly • Annually
Invesco	\$50	<ul style="list-style-type: none"> • \$5,000 	<ul style="list-style-type: none"> • Monthly • Quarterly • Annually
Pioneer	\$50	<ul style="list-style-type: none"> • \$10,000 	<ul style="list-style-type: none"> • Monthly • Semi-Annually • Quarterly • Annually
American Century	\$50	<ul style="list-style-type: none"> • \$5,000 - Retirement • \$10,000 - Non-Retirement 	<ul style="list-style-type: none"> • Monthly • Semi-Annually • Quarterly • Annually
Franklin Templeton	\$50	<ul style="list-style-type: none"> • \$5,000 	<ul style="list-style-type: none"> • Monthly • Semi-Annually • Quarterly • Annually

NOTE: You may use this form to establish a Systematic Withdrawal Plan Distribution for a non-retirement or on a retirement plan account. It may also be used to take your Required Minimum Distribution (RMD) if you are age 73 or older or if you hold assets in an ABF (As Beneficiary For) Retirement Account. For retirement plan accounts other than ABF accounts, and if you have not reached the age of 59 ½, please see Section 4 below and for additional information. You must complete the required information section of the form based on the type of SWP you are establishing. You need to include your account number as well as any other information so that we may process your Systematic Withdrawal Plan request.

NOTE: A Systematic Withdrawal Plan is not available for all funds. Please refer to the fund prospectus for the fund you selected to see if this option is available.

NOTE: For shareholders establishing a SWP on a 403(b) account please use the POL-46 form.

REQUIRED INFORMATION:

Please enter your account number, the account owners name and date of birth. Failure to enter this information may result in your request being rejected or delayed.

FUND OR FUNDS TO WITHDRAW FROM AND AMOUNT TO WITHDRAW FROM EACH FUND

Please indicate the NASDAQ symbol for the fund or the fund name(s) and the dollar amount to withdraw from each fund. If this SWP is for an RMD of ABF RMD where PFS is calculating the amount of the payment for you or you have elected to have the amount automatically updated each year you must provide the percent to withdraw from each fund

(Continue)

**Systematic Withdrawal Plan / Required Minimum
Distribution Form**

SECTION 1 – CHOOSE ACTION & FREQUENCY

Please indicate if you are requesting to add the Systematic Withdrawal Plan to an existing account, change the option on an existing account or cancel the option on an existing account. Please tell us the month, date and year you wish for the Systematic Withdrawal Plan to change or begin. When choosing the day of the month for your withdrawal please keep in mind that an ACH distribution may take up to 3 business days from the date you choose in order to reach your bank account. If the date you choose falls on a weekend or holiday, your redemption will be processed on a weekend or holiday, your redemption will be processed on the following business day. Redemption checks are generally mailed the next business day after the redemption is processed.

FREQUENCY AND AMOUNT TO REDEEM

Please indicate the frequency you wish for the Systematic Withdrawal Plan option to occur by choosing monthly, quarterly, semi-annually, or annually.

SECTION 2 – PAYMENT METHOD

Please provide instructions on where to send your Systematic Withdrawal Plan proceeds. Please indicate by checking the appropriate box if you want the Systematic Withdrawal proceeds mailed to your address and account registration, sent by electronic funds transfer to your bank account of record (bank on file with Primerica Shareholder Services) or to an alternate bank account (attach a voided check and obtain a signature guarantee). If you would like your check mailed to an alternate payee or address, please provide the alternate payee name and address and obtain a signature guarantee.

SECTION 3 – FOR RETIREMENT PLANS ONLY

Please indicate if this SWP is for an RMD for an Owner age 73 or older, an RMD for a beneficiary who inherited a retirement plan and for any Retirement Plan SWP Federal and State Withholdings.

NOTE: For shareholders establishing a SWP on a 403b account, please use form POL-46.

IRA ACCOUNT OWNERS AGE 73 OR OVER REQUIRED MINIMUM DISTRIBUTION

- Please check the first box to indicate this is your RMD.
- Please check the second box if you would like for PSS to automatically recalculate your RMD SWP amount each year. (The recalculation will be done as a percentage of your RMD per fund).
- Please check box the third box if your spouse is more than 10 years younger than you and you would like to have your RMD calculated according to the IRS joint life expectancy table.

OPTIONS FOR DISTRIBUTION - select the appropriate checkbox for withholding on your RMD distribution

1. RMD only (no taxes withheld)
2. RMD with 10% Federal taxes withheld (taxes will be taken out of the distribution amount)
3. RMD with withholding other than 10%. Please complete the W-4R included at the end of this form.
4. RMD gross amount different from the Required Minimum Distribution amount

FOR RMD ONLY - You may choose to invest your RMD amount into an existing non-retirement account, or contact a Primerica agent if you do not already have one established. Please note that the contributions will be invested into the same fund positions that the RMDs were withdrawn from. You will not pay a new sales charge, but the transfer of funds into a non-retirement account will be a taxable distribution. You may choose to exchange your SWP payment into multiple funds once the initial investment has occurred, and you may change the fund positions your proceeds are being taken from at any time after your SWP is established by contacting our Customer Service Department at 1-800-544-5445. Customer Service Representatives are available to assist you, Monday through Friday between 8 a.m. and 8 p.m. ET.

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Systematic Withdrawal Plan / Required Minimum Distribution Form

RMD FOR AN “As Beneficiary For” (ABF) RETIREMENT PLAN ACCOUNT INHERITED FROM A DECEASED IRA OWNER

Please provide the requested information about the deceased owner of the retirement plan account you inherited. To accurately calculate the RMD for the beneficiary we need to ensure we have the deceased owner’s name, date of birth, the date they passed away, and if you were married to the deceased owner at the time they passed.

FOR RMD REINVESTMENT - You may choose to invest your RMD amount into an existing non-retirement account, or contact a Primerica agent if you do not already have one established. Please note that the funds will be invested into the same fund positions that the RMDs were withdrawn from. You will not pay a new sales charge, but the transfer of funds into a non-retirement account will be reported as a taxable distribution. You may choose to exchange your SWP payment into multiple funds once the initial investment has occurred, and you may change the fund positions your proceeds are being taken from at any time after your SWP is established by contacting our Customer Service Department at 1-800-544-5445. Customer Service Representatives are available to assist you, Monday through Friday between 8 a.m. and 8 p.m. ET.

Disability – Distribution to a person qualifying as permanently as defined in IRS Code 72(m)(7).

WITHHOLDING INSTRUCTIONS

If you are under 59½ and would like to begin a Systematic Withdrawal Plan that is not a Substantially Equal Periodic Payment 72(t), please check the box indicating that you are aware that all distributions received from your Individual Retirement Account (IRA) are generally subject to an additional 10% tax imposed by the IRS until you reach the age of 59½ and that you still wish to establish the Systematic Withdrawal Plan. If you would like to establish a 72(t) distribution, please contact your Primerica representative.

Federal Withholding -Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, 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. You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

Mandatory State Withholding - If you elect to have federal income tax withheld and you reside in a state that requires mandatory state withholding, then we are required to also withhold for state taxes.

- Check the box for a gross distribution.
- Check the box for a net distribution (gross amount less any taxes withheld).

SECTION 4 – SIGNATURE(S) AND SIGNATURE GUARANTEE

Please provide the signature(s) for the account owner(s), and if required, a signature guarantee. A signature guarantee will be required from each account owner when:

- A request is to send the proceeds of the SWP to a new or alternate bank that is not on file as a pay access bank account for your PSS account(s).
- A request is received to send a SWP payment to an alternative address or payee.
- The amount is over \$100,000.
- If the address of record has been changed within the past 30 days.

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REQUIRED INFORMATION: Please complete all information to avoid any delay in processing your request.

Account Owner Name: _____ Account Number: _____
 Social Security Number: _____ Date of Birth: _____

FUNDS TO WITHDRAW FROM AND AMOUNT TO WITHDRAW FROM EACH FUND

Please specify the specific fund positions that the SWP will be pulling from. Please also provide the dollar amount or percentage to be taken. **NOTE:** if you elected to have PSS automatically recalculate your RMD and update the amount each year, you must provide the percent to take from each fund and they must total 100%

Fund Name and Fund NASDAQ Symbol	Percent to take from this fund (must total 100%)	Dollar Amount to take from this fund

1 CHOOSE ACTION & FREQUENCY OF WITHDRAWALS

Add Option (New) Cancel Option Change Option

Your Systematic Withdrawal Plan distribution will start on the day indicated below. If you have not selected the Electronic Transfer option, your check will usually be mailed within two to three business days from the date your distribution is processed.

Begin Distribution on: _____
 Month Day Year

Frequency:
 Please select one:
 Monthly Quarterly Semi-Annually Annually

Please note that if you have an auto-recalculation feature on your current SWP, the auto-recalculation WILL BE CANCELLED unless you check here:

ONLY check this box if you wish to maintain the auto-recalculation feature, but be aware that this will cause the SWP amount to change when the next scheduled auto-recalculation takes place.

2 PAYMENT METHOD

Please select one. Electronic Transfer is the fastest and easiest way to receive your monthly withdrawal.

By check to address of record By electronic transfer to my bank account on file To Alternate Bank or New Bank Account (attach voided check, see signature guarantee)* To special payee (signature guarantee)

Alternate Payee Name: _____ Address: _____

*If you choose to have the proceeds sent to a new or an alternate bank that is not on file with PSS and do not include a signature guarantee, your first payment may be sent as a check to your address of record due to the 30 day waiting period. After the 30 day period, your payment will be sent electronically as requested.

3 RETIREMENT PLANS ONLY

IRA Account Owner's Age 73 or over please complete the following

This is my Required Minimum Distribution (RMD)

RMD only RMD with 10% withholding RMD with _____ % withholding (indicate whole percent)

\$ _____ Gross amount

I want PSS to Automatically Update my RMD SWP amount each year.

(This option requires the fund or funds and the percent of the RMD SWP to take from each fund on page 4.)

This is my RMD and my spouse is my sole primary beneficiary and is more than 10 years younger than me. I would like to use our joint life expectancy to calculate my RMD.

Spouse Name: _____ **Spouse Date of Birth:** _____

You may delay your first RMD payment until April 1st of the year following the year in which you attain the age of 73. If you delay your first payment until the next year, you must take both your first and second payment by December 31st of that year

If you would like to choose this option please tell us below the date of your first distribution and then the start date of your subsequent distribution(s).

Date of Distribution: _____ **Date of Subsequent Distribution:** _____

I would like to have my RMD payment reinvested into my non-retirement Account Number¹: _____

RMD FOR AN "As Beneficiary For" (ABF) RETIREMENT PLAN ACCOUNT INHERITED FROM A DECEASED IRA OWNER

I want PSS to Automatically Update my RMD SWP amount each year.

(This option requires the fund or funds and the percent of the RMD SWP to take from each fund on page 4).

Decedent's Name: _____

Decedent's Date of Death: _____ Decedent's Date of Birth: _____

I was married to the deceased owner on the date they passed away

I would like to have my RMD payment reinvested into my non-retirement Account Number¹ _____

DISABILITY

Disability – I certify that I meet the definition of disability as defined in IRS Code 72(m)(7).

WITHHOLDING INSTRUCTIONS

PLEASE READ CAREFULLY

NOTICE TO: Shareholders Under Age 59 1/2

If you are **under age 59 1/2** and taking a distribution from your retirement plan that is not a 72(t) distribution, this amount is generally subject to an additional 10% tax imposed by the IRS.

Please check the box to indicate that **you have read the above notice** and you wish to proceed with processing a Systematic Withdrawal Plan on your account.

Federal Tax Withholding:

NOTE: See Form W-4R, and instructions, at the end of this form for additional information. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions

I elect federal income tax withholding of _____% must be a whole percent, you may elect any rate from 1% to 100%.*

Check this box for a gross distribution.

Check this box for a net distribution

See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the Marginal Rate Tables and "Suggestion for determining withholding" instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions

WITHHOLDING INSTRUCTIONS CONT.**State Tax Withholding:**

- I elect state income tax withholding of 0%, do not withholding state income tax from my distributions.
- I elect state income tax from my distribution at the state minimum (if applicable)
- I elect to withhold state taxes from my distribution in the amount of \$ _____

5 SIGNATURE(S) AND SIGNATURE GUARANTEE

By signing this form, I acknowledge that I have read and accepted the terms outlined in the IRA Distribution Disclosure Form. The signature must correspond in every particular without alteration with the name in the account's registration.

Account Owner's Signature

Date

Account Joint Owner's Signature

Date

Use the space below for a Signature Guarantee, if required. I/We guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the investor is of full and legally competent.

Signature Guarantee Stamp

Signature Guarantee Stamp

Authorized Officer of Financial Institution Signature

Date

Name / Title of Guarantor

e-Delivery: If you are not currently enrolled in our e-Delivery option, please sign up today and "go green". If you decide to receive information about your account or statements electronically, you may log on to our website www.shareholder.primerica.com to enroll.

E-Notification: If you are not currently enrolled in our tax form E-Notification, please sign up today to receive all of your tax forms electronically. You may log on to our website www.shareholder.primerica.com to enroll.

Please send to:

Primerica Shareholder Services / P.O. Box 9662, P.O. Box 534485 Pittsburgh, PA 15253 – 4485 | Express: Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262 |

Fax: (833) 748-4712 (see fax service)

INCOME TAX WITHHOLDING ELECTION CERTIFICATE FOR RETIREMENT ACCOUNT DISTRIBUTIONS

Name:	[client]		
Address:	Your social security number		
Account Number:			

Important: This withholding election certificate is not valid unless it is signed and dated.

Federal Income Tax Withholding Election

Distributions from IRAs and 403(b) distributions of assets that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Please note that certain distributions that are eligible for rollover from 403(b) plans may incur mandatory 20% federal income tax withholding, you may not elect withholding at a different rate be applied to such distributions.

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, 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. You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

- I elect federal income tax withholding of 0% (you are electing to opt out of federal withholding.*)
- I elect federal income tax withholding of _____% (must be a whole percent, you may elect any rate from 1% to 100%.)

See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the **Marginal Rate Tables** and **"Suggestion for determining withholding"** instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its territories.

State Income Tax Withholding Election

- 1. I elect **not** to have state income tax withheld from my retirement account distributions. (For States that allow Voluntary Withholding -Do not complete any part of #2 below)
- 2. I elect **to** have state income tax withheld from my retirement account distributions. If no option is entered below, I understand my state's default withholding method will apply. I may also choose one of the following options if allowed by my state:
 - a. Withhold the following percent from each distribution from my retirement account: % _____
 - b. I elect to have my state tax withholding determined using my tax filing status and number of withholding allowances.

Marital status: Single Married Married, but withhold at the higher Single rate

Withholding allowances: _____

withhold the following percent in addition to the withholding based on my tax filing status and withholding allowances. % _____

Your elections for federal and/or state income tax withholding will be applied to all distributions made from your retirement plan account and will remain in effect until revoked by you in a writing. You may change your federal or state withholding elections at any time by sending written notice of the desired changes to the address shown on the accompanying letter.

Important: This withholding election certificate is not valid unless it is signed and dated.

Your Signature

Date

Substitute W-4R 2023 - Withholding Certificate for Nonperiodic Payments – For use with IRAs and for NON-Rollover Eligible 403(b) Distributions ONLY

Where instructed to provide your withholding election on “line 2” use the space provided on page 1 under “Federal Income Withholding Election”

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

*If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line