☐ CORRECTED (if checked)

| ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | ISSUER'S TIN | OMB No. 1545-2234 | **Qualifying Longevity Annuity Contract Information** |
|---|---|---|---|
| **John Doe**<br>**123 s 2nd st**<br>**Maimi, Fl - 33139**<br>**(123)-456-7899** | **12-3456789** | Form **1098-Q**<br>(Rev. April 2025) | |
| | PARTICIPANT'S TIN<br>**xxx-xx-123** | | |
| | **1a** Annuity amount on start date<br>$ | For calendar year<br>**2026** | |
| | **1b** Annuity start date | **2** If checked, start date may be accelerated ☐ | **Copy B**<br>**For Participant** |
| | **3** Total premiums<br>$ **1000** | **4** FMV of QLAC<br>$ **1000** | |

| PARTICIPANT'S name | **5a** January | dd | **5b** February | dd | This information is being furnished to the IRS. |
|---|---|---|---|---|---|
| **James Smith** | $ | | $ | | |
| Street address (including apt. no.) | **5c** March | dd | **5d** April | dd | |
| | $ | | $ | | |
| **456 w 3rd St** | **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 | |
| **Beverly Hills, CA - 90210** | $ | | $ | | |
| Account number (see instructions) / Plan number | **5k** November | dd | **5l** December | dd | |
| **123456789** | $ | | $ | | |
| Name of plan / Plan sponsor's EIN | | | | | |