

## DEATH BENEFIT CLAIM FILING INSTRUCTIONS

To help avoid delay, please read these instructions carefully and complete statement of claimant.

- Submit a **CERTIFIED** Death Certificate of the deceased insured or annuitant showing the Cause and Manner of Death.
- Submit a completed Internal Revenue Service Form W-9 for each payee (beneficiary, assignee, trustee, administrator of estate, guardian of a minor, heir).
- Submit a copy of the **CERTIFIED** Death Certificate of each deceased beneficiary.
- Submit a completed **Statement of Claimant** form. Each beneficiary must complete and sign a Statement of Claimant form.
- Please complete and return the enclosed beneficiary change form, regardless of option chosen. If a new beneficiary is not designated by you, the beneficiary will default to your estate.

**Claims by an Estate** — The Executor (Administrator or Personal Representative) of the Estate must sign all documents including the Statement of Claimant. A certified copy of the appointment papers should be included. A Last Will and Testament cannot be accepted as proof of authority of executorship.

**If the beneficiary is a minor** — A legal guardian must be appointed by a court giving custody over the minor's property and estate. The legal guardian should sign the Statement of Claimant and include a copy of the court appointed guardianship papers.

**If any beneficiary has a designated attorney-in-fact** — The attorney(s)-in-fact should sign on behalf of the beneficiary and include a copy of the Power of Attorney appointment.

Please continue to next page.

## STATEMENT OF CLAIMANT

To be completed for annuity benefits.

In furnishing this form, the Company reserves all rights under the Policy and waives none of the conditions of the Policy.

### ANNUITANT/OWNER IDENTIFICATION

Full Name: (last, first, middle initial)	
Date of Birth:     /     /	Date of Death:     /     /
Social Security Number:	Policy Number:

### BENEFICIARY TYPE & PROCESSING ELECTION

Please review the beneficiary types below and indicate whether you are an eligible designated or designated beneficiary. In addition, please select a processing election from the choices outlined under your beneficiary type.

Eligible Designated Beneficiary	Designated Beneficiary/Non-Designated Beneficiary
<ul style="list-style-type: none"> <li>Spouse</li> <li>Minor Child</li> <li>Disabled Individual; IRC Section 72(m)(7) - Documentation will be required for this qualification</li> <li>Chronically Ill Individual; IRC Section 7702B(c)(2) - Documentation will be required for this qualification</li> <li>Non-Spouse who is no more than 10 years younger than annuitant/owner</li> </ul>	<p>Designated Beneficiary:</p> <ul style="list-style-type: none"> <li>All other individuals who are not qualified as Eligible</li> </ul> <p>Non-Designated Beneficiary</p> <ul style="list-style-type: none"> <li>Non-individual beneficiary (estates, trusts, charitable organizations)</li> </ul>
<p><input type="checkbox"/> I am an Eligible Designated Beneficiary</p>	<p><input type="checkbox"/> I am a Designated Beneficiary</p> <p><input type="checkbox"/> I am a Non-Designated Beneficiary</p>
<p><input type="checkbox"/> I request that the funds be left in the account at this time. I have enclosed a Change of Beneficiary form.</p> <p><input type="checkbox"/> I request a full withdrawal of funds from this account. I understand the following tax withholding will apply:</p> <ul style="list-style-type: none"> <li><b>Section 403(b)/AFMAXX 457(b):</b> Mandatory 20% federal tax withholding where applicable.</li> <li><b>IRA/RIRA/Non-Qualified:</b> I have enclosed a completed form regarding the withholding of tax.</li> </ul> <p><input type="checkbox"/> I request a rollover/transfer/1035 Exchange and have enclosed a letter of acceptance from the receiving provider.</p> <p><input type="checkbox"/> I request that information be sent to me detailing payments available under scheduled payout options. <i>Note: Only applicable to accounts with a balance over \$5,000.00.</i></p>	<p><input type="checkbox"/> I request that the funds be left in the account at this time.</p> <ul style="list-style-type: none"> <li><b>Designated Beneficiary:</b> I have enclosed a Change of Beneficiary form. <i>I understand that if I elect this option, the funds will need to be distributed within ten years of the date of death.</i></li> <li><b>Non-Designated Beneficiary:</b> <i>I understand that if I elect this option, the funds will need to be distributed within five years of the date of death.</i></li> </ul> <p><input type="checkbox"/> I request a full withdrawal of funds from this account. I understand the following tax withholding will apply:</p> <ul style="list-style-type: none"> <li><b>Section 403(b)/AFMAXX 457(b):</b> Mandatory 20% federal tax withholding where applicable.</li> <li><b>IRA/RIRA/Non-Qualified:</b> I have enclosed a completed form regarding the withholding of tax.</li> </ul> <p><input type="checkbox"/> I request a rollover/transfer/1035 Exchange and have enclosed a letter of acceptance from the receiving provider. <i>Note: Only applicable to a designated beneficiary or trust.</i></p>

**Please return both pages of this form for your request to be processed.** Please continue to next page.

Annuitant:	
Social Security Number:	Policy Number:

## CLAIMANT'S IDENTIFICATION

Full Name: (last, first, middle initial):	
Relationship to Deceased:	
Social Security Number:	Date of Birth:    /    /
Telephone Number:	Email address:
Address (P.O. box or street, city, state & zip):	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Place/Country of Citizenship?	
Please attach a copy of the current valid VISA or Alien Registration Receipt Card OR provide card number:	

I certify the above statements are true and complete to the best of my knowledge.

**Warning:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties. Refer to "Claim Form Fraud Statements" for your state.

Claimant/Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to Before Me on This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Official Seal Required:

## Claim Form Fraud Statements

The following fraud language is attached to, and made part of, this claim form. **Please read and do not remove this page from this claim form.**

**If you live in a jurisdiction not mentioned below, the following applies to you:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, District of Columbia, Louisiana, Rhode Island and West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California and Texas** - For your protection California and Texas law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware, Idaho and Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the

purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.