

POLICY NUMBER: _____ GROUP CERTIFICATE NUMBER (if applicable): _____

1. FULL NAME OF DECEASED ANNUITANT (Participant): _____
2. FULL NAME OF DECEASED OWNER (if other than above): _____

Other Names Used By Deceased Owner (including maiden name)

3. IN WHAT CAPACITY OR BY WHAT TITLE DO YOU CLAIM THE PROCEEDS? _____
 - a. Full Name of Beneficiary Claimant: _____
 - b. Date of Birth: _____ c. Share of benefit claimed (percent or fraction amount): _____
 - d. Social Security or Taxpayer ID Number: _____
 - e. Address: _____ () _____
Street or Box Number Home Telephone Number

City State Zip Code () _____
Work Telephone Number
 - f. If death was accidental, give date of accident _____ and describe how and where accident occurred.

4. MANNER OF PAYMENT, OR OTHER OPTION, DESIRED:

- _____ Lump sum payment (If the amount payable is \$10,000.00 or more, a Bridge Account will be established. Please see the enclosed brochure.)
- _____ Leave proceeds as "open claim" until further notice. (You must still complete and return this form now to claim the proceeds.) If you are required to begin minimum distributions, we will contact you to arrange the details. Generally, the annuity proceeds will be distributed five years from the date of death of the decedent, and if the amount payable is \$10,000.00 or more, a Bridge Account will be established. Please notify the Insurer of any change in your mailing address.
- _____ Spousal continuation (available for IRAs and nonqualified annuities only)
- _____ Annuitization (annuity payments option) – Please send annuitization quotes to me.

5. POSSESSION OF POLICY/CERTIFICATE:

I hereby certify that, to the best of my knowledge, the policy/certificate has not been assigned or pledged as collateral and that the policy/certificate:

(Select one):

_____ is enclosed.

_____ is not in my possession and I am unaware of its whereabouts. I agree that should the original come into my possession, I will return it to the Insurer. I understand that the original policy or certificate shall become null and void.

6. WITHHOLDING ELECTIONS:

The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. Unless you elect otherwise on page 2, we will withhold 10% of the taxable amount of your distribution. Spousal beneficiaries receiving eligible rollover distributions from qualified plans and 403(b)s may be subject to 20% mandatory withholding. Spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% withholding.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. Most states require your state withholding election to be the same as your federal withholding election. If true for your state, we will withhold accordingly without regard to your state withholding election. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not occur until the required form is received by our office.

Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

Federal Withholding Election

DO NOT withhold any federal income taxes unless mandated by law

DO withhold federal income taxes in the amount of _____ % (cannot be less than any mandatory withholding)

State Withholding Election

DO NOT withhold any state income taxes unless mandated by law

DO withhold state income taxes in the amount of _____ % (cannot be less than any mandatory withholding)

Notice to non-resident aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN (specifying the payee's U.S. taxpayer identification number) and the payment is eligible for reduced withholding.

I, the undersigned, hereby make claim to the Death Benefit payable under provisions of the policy/certificate and agree that all papers called for by the Insurer shall be a part of this statement. **Death Certificate and Policy/Certificate must be returned with this form if not in the possession of the Insurer.**

I have read and I understand the important disclosure information located on pages 3 and 4 of this form.

I further certify that the information contained in this form is true and correct to the best of my knowledge.

FORM MUST BE NOTARIZED

_____ Date

_____ Claimant's Signature

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me personally appeared (Year)

_____ known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

My commission expires _____

_____ Notary Public

FRAUD WARNING DISCLOSURE

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

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, Louisiana, and Texas: 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: For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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, Indiana, and Oklahoma: WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files or makes a statement of claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

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.

Kentucky, New Mexico, and 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.

Maine, Tennessee, and Virginia: WARNING – It is a crime to knowingly provide false, incomplete or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud and knowing that he is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement on an application or files a fraudulent claim may be guilty of insurance fraud.

Rhode Island: 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.

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 include imprisonment, fines and denial of insurance benefits.

INSTRUCTIONS

ANNUITY CLAIMANT STATEMENT

1. An annuity claimant statement (this form) must be completed and submitted by each beneficiary.
2. Certain restrictions apply to annuity policies/certificates issued after January 18, 1985 and to tax qualified policies/certificates in general. Refer to the policy/certificate for specific details.
3. Part or all of the proceeds paid from an annuity are taxable as ordinary income. You should consult with a competent tax advisor before submitting the claim for payment. Furthermore, there are certain time limits regarding a death claim settlement. Please refer to the options page enclosed.
4. When proceeds are payable to a beneficiary of legal age, this form must be signed by such beneficiary, unless a guardian or conservator has been appointed.
5. When proceeds are payable to the estate of the deceased, this form must be signed by an executor or administrator and the certificate of appointment must be furnished, unless your state provides for a small estate affidavit procedure. Please consult your legal advisor.
6. When proceeds are payable to a minor, this form must be signed by the legal guardian appointed by the court, and an official certificate of appointment must be furnished. Your state may provide an alternative to a guardianship arrangement. Please consult your legal advisor.
7. When a policy/certificate has been assigned, this form must be signed by the Assignee.
8. When proceeds are payable to a beneficiary who is deceased, a copy of the death certificate must be furnished.
9. When proceeds are payable to "children" or others of a class, a sworn statement must be furnished giving the name and date of birth of each. If any have died, the statement must give the date and place of death, and must state whether they died unmarried, intestate, and / or without issue. A copy of each death certificate must be furnished.
10. When proceeds are payable to a trust, provide a copy of the trust agreement, and for qualified policies/certificates, a sworn statement from the trustee giving the name and date of birth of all trust beneficiaries.

(This space for Home Office use only)

Claim Checklist, check (✓) if yes

- _____ This form complete and notarized?
- _____ Social Security or Taxpayer ID Number completed on page 1 (3 d)?
- _____ Certified copy of Death Certificate provided?
- _____ Policy/Certificate or Lost Policy/Certificate Certification is checked on page 1?
- _____ Legal documents necessary for payment provided?