

## LIFE INSURANCE CLAIM FORM

1. Please read all instructions carefully and complete all applicable sections of this form.
2. Unclear or missing information may delay or prevent processing.
3. Completing these forms is not a guarantee of payment by the Company.

### DECEASED INFORMATION

NAME OF DECEASED	FIRST	MIDDLE	LAST
POLICY NUMBER(S)	DATE OF BIRTH		SOCIAL SECURITY NUMBER

### BENEFICIARY INFORMATION

NAME OF BENEFICIARY	FIRST	MIDDLE	LAST	BENEFICIARY SOCIAL SECURITY NUMBER
NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICIARY)				SOCIAL SECURITY NUMBER/TAX ID NUMBER
MAILING ADDRESS				
CITY	STATE	ZIP	LANDLINE NUMBER	MOBILE NUMBER
EMAIL ADDRESS			RELATIONSHIP TO DECEASED	
ARE YOU CURRENTLY A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO    ARE YOU CURRENTLY RESIDING IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### SETTLEMENT AND PAYMENT OPTIONS

#### SETTLEMENT OPTIONS:

- Lump Sum   
  Life Income   
  Period Certain   
  Life Income with Period Certain

#### PAYMENT OPTIONS:

- Mail check to beneficiary's address listed above   
  Direct Deposit **Checking Account Only**  
 (Please follow instructions below)

**The beneficiary must also be the owner of the bank account**  
**Please attach a voided, pre-printed check with tape in the area below.**  
**Deposit slips and starter checks cannot be used for direct deposit.**

Account Holder(s) Name 123 State Street Your Town, USA 12345	DATE _____	1025
VOID		\$ _____
Routing Number		Account Number
MEMO _____		1025

SUBSTITUTE FOR IRS FORM W-9

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under Penalties of perjury, I certify that:

- 1. The number shown on this form is my correct Taxpayer Identification Number or Social Security Number.
2. I am not subject to backup withholding, or am exempt from backup withholding.
3. I have attested to U.S. Citizenship and residence questions.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. Cross through line item 3 if you are not a U.S. citizen or other U.S. person and complete and return to us the applicable IRS Form W-8BEN-E or W-8BEN.

CERTIFICATIONS AND SIGNATURES

For New York State residents only: 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 exceed five thousand dollars and the stated value of the claim for each such violation.

I acknowledge that I have received, read and understand the applicable fraud notice for my state of residence attached to this form.

Please check if original Policy has been lost or destroyed

I hereby certify that:

- 1. The answers recorded in this Life Insurance Claim Form are true and complete
2. I make claim to the proceeds
3. I agree that the Company's furnishing of this Life Insurance Claim Form and any supplemental forms is not an admission that insurance was in force on the deceased's life, nor is it a waiver of its rights or defenses. This form is provided without prior verification of coverage and without any assurances that the person completing this form will be the appropriate payee or beneficiary.
4. If I am overpaid, I agree to repay the amount overpaid to me. This can include a payment more than I am entitled to under this life insurance policy or receipt of a payment intended for another party. I also understand that if I fail to repay the overpayment, additional steps, including legal action, may be taken to recover the overpayment.

If the beneficiary is not an individual, check one of the following:

- Personal Representative/Executor, Trustee, Officer, Conservator, Power of Attorney, Guardian, Other Title:

Table with 3 columns: Beneficiary's/Representative's Signature, Beneficiary's/Representative's Printed Name, Date