

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 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 BENEFICARY) SOCIAL SECURITY NUMBERTAX ID NUMBER MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER MOBILE NUMBER RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO SETTLEMENT AND PAYMENT OPTIONS: Lump Sum Life Income 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 1025 Routing Number Account Number				NAME OF A STATE OF STREET		Day of the State o	
BENEFICIARY INFORMATION NAME OF BENEFICIARY FIRST MIDDLE LAST BENEFICIARY SOCIAL SECURITY NUMBER NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICARY) MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER EMAIL ADDRESS RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT AND PAYMENT 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 1025 TACCOUNT HOLDER 1025 TACCO	The second second	FIRST	DECEA		ORMATION		
BENEFICIARY INFORMATION NAME OF BENEFICIARY FIRST MIDDLE LAST BENEFICIARY SOCIAL SECURITY NUMBER NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICARY) SOCIAL SECURITY NUMBER TAX ID NUMBE MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER EMAIL ADDRESS ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT OPTIONS: DAYMENT 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 TABLES STORED TO THE PLANT OF THE PLANT O	NAME OF DECEASED	FIRST		MIDDLE		LAST	
NAME OF BENEFICIARY FIRST MIDDLE LAST BENEFICIARY SOCIAL SECURITY NUMBER NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICARY) SOCIAL SECURITY NUMBER MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER EMAIL ADDRESS RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT AND PAYMENT 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 VOID Routing Number Account Number	POLICY NUMBER(S)		DATE (OF BIRTH		SOCIAL S	ECURITY NUMBER
NAME OF BENEFICIARY FIRST MIDDLE LAST BENEFICIARY SOCIAL SECURITY NUMBER NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICARY) SOCIAL SECURITY NUMBER MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER EMAIL ADDRESS RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT AND PAYMENT 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 VOID Routing Number Account Number							
NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICARY) SCIAL SECURITY NUMBER TAX ID NUMBER MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER MOBILE NUMBER EMAIL ADDRESS RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT OPTIONS: Lump Sum Life Income 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 YOID Routing Number Account Number		l de la companya de l	BENEFIC	CIARY IN	FORMATIO	N	
MAILING ADDRESS CITY STATE ZIP LANDLINE NUMBER MOBILE NUMBER RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO SETTLEMENT AND PAYMENT OPTIONS: Lump Sum Life Income 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 YOUT DOWN, USA 12345 Routing Number Account Number	NAME OF BENEFICIARY	FIRST	MIDDLE	LAST		BENEFI	CIARY SOCIAL SECURITY NUMBER
EMAIL ADDRESS RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT AND PAYMENT 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 Slate Street Your Town, USA 12345 Routing Number Account Number	NAME OF INDIVIDUAL CO	NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENE			SOCIAL SECURI		SECURITY NUMBER/TAX ID NUMBE
RELATIONSHIP TO DECEASED ARE YOU CURRENTLY A U.S. CITIZEN? YES NO ARE YOU CURRENTLY RESIDING IN THE U.S.? YES NO SETTLEMENT AND PAYMENT 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 Routing Number Account Number	MAILING ADDRESS						
SETTLEMENT AND PAYMENT OPTIONS SETTLEMENT OPTIONS: 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 PAYMENT OPTIONS: Account Holder(s) Name 1025 Routing Number Account Number	CITY		STATE ZIP	LAN	DLINE NUMBER		MOBILE NUMBER
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 VOID Routing Number Account Number	EMAIL ADDRESS RELATIONSHIP TO DECEAS				SED		
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 PAYMENT OPTIONS: 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.	ARE YOU CURRENTLY A	U.S. CITIZEN? YES	☐ NO AF	RE YOU CURREN	TLY RESIDING IN THE	U.S.?	YES NO
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 PAYROTHE BOULDARS DELLARS DE							
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 Routing Number Account Number		SETTL	EMENT	AND PA	YMENT OP	TIONS	
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 Routing Number Account Number			SETTI	EMENT C	PTIONS:		
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	Lump	Sum Life Ir	_			ncome w	ith Period Certain
(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 PATTOTHE ONDER OF Routing Number Account Number			PAY	MENT OP	TIONS:		
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 PAYTOTHE ORDER OF BOULD Routing Number Account Number	☐ Mail chec	k to beneficiary's	address liste	ed above			
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 PAYTOTHE VOID Routing Number Account Number		The honoficia	rv must al	so ho tho d	wher of the b	ank aga	ount.
Account Holder(s) Name 123 State Street Your Town, USA 12345 PAY TO THE ORDER OF Account Number Routing Number Account Number							
123 State Street Your Town, USA 12345 PAY TO THE ONDER OF DOLLARS							
Routing Number Account Number		123 State Stree	l		42 100000 42	1025	
Routing Number Account Number		PAYTOTHE		OID		-	
		Routing Nu	mber A	ccount Number	DOLL	ARS 🛈 Source to	
1:000000000: 1:000000000: 1025		9			10.25		

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 undersattached to this form.	stand the applicable fraud notice for my state of 1	residence					
☐ 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 follo	owing:						
☐ Personal Representative/Executor ☐ Trustee ☐ Office	er Conservator						
Power of Attorney Guardian Other Title:							
Beneficiary's/Representative's Signature	Beneficiary's/Representative's Printed Name	 Date					

LI-OLIC 100