



# SHENANDOAH LIFE INSURANCE COMPANY

## INDIVIDUAL DEATH CLAIM FORM

Policy Number

Claim Number (For Home Office Use Only)

### INSTRUCTIONS FOR COMPLETING INDIVIDUAL DEATH CLAIM FORM

#### 1. Beneficiary's Statement

- This form should be completed in full detail by the named beneficiary before a witness who should sign the form. If there is more than one beneficiary, each one should complete a separate form.
- If the beneficiary is the Estate of the Insured, the form should be completed by the Executor or Administrator of the Estate and should be forwarded to the Company accompanied by the properly certified letters of administration. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Executor or Administrator of the Estate.
- If the beneficiary is a Trust, the form should be completed by the Trustee of the Trust. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Trustee of the Trust.
- If the beneficiary is a minor, claim for the benefit should be made by his or her legal appointed guardian and certified letters of guardianship should be furnished. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Guardian of the minor beneficiary. In the event no guardian is to be appointed, contact Shenandoah Life for further instructions.

**2. Certified Death Certificate** – A certified death certificate with cause of death for the insured should be provided.

**3. Policy** – The insurance policy or policies should be forwarded with the claim papers.

#### DECEASED INFORMATION

|                                      |                |               |                |
|--------------------------------------|----------------|---------------|----------------|
| Full Name of Deceased                |                | Occupation    |                |
| List all names Deceased was known by |                |               |                |
| Address                              |                | City          | State Zip      |
| Date of Birth                        | Place of Birth | Date of Death | Place of Death |
| Cause of Death                       |                |               |                |

#### BENEFICIARY INFORMATION

|                          |               |                                  |
|--------------------------|---------------|----------------------------------|
| Name of Beneficiary      |               | Daytime Telephone Number         |
| Relationship to Deceased | Date of Birth | Social Security or Tax ID Number |
| Address                  |               | City State Zip                   |

Continued on Page 2.

**INDIVIDUAL DEATH CLAIM FORM (CONTINUED)**

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**SETTLEMENT OPTIONS**

Please specify the settlement option you prefer:

☐ 1. Lump sum payment**For options 2 & 3, the benefit amount must be at least \$5,000**☐ 2. Life installments (your date of birth is needed to calculate payment amount)☐ 3. Periodic payments☐ 4. Leave on deposit earning interest**See attached Life Claim Settlement Options Disclosure Form for explanation of settlement options.****LOST POLICY CERTIFICATION**

By my signature on page 3 of this form, I certify that any policy listed on this form which is not returned with this form has been lost or destroyed. I also certify that no persons, corporations, or associations have any claim or interest in said policy(ies) by virtue of sale, assignment, gift, or pledge thereof, or otherwise. I agree that should said policy(ies) be found or come into my possession, I will immediately return it to the insurer. I hereby release the insurer from any obligation under this policy(ies) and will hold insurer harmless from all loss or injury which may result from its payment of the death benefit proceeds of the policy(ies) to me.

**W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), or I am waiting for a number to be issued to me, **and**
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding, or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - c. the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. citizen or other U.S. person (refer to Form W-9 instructions for additional information).

**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 you have failed to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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**INDIVIDUAL DEATH CLAIM FORM (CONTINUED)**

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**SIGNATURES**

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

*The following states require that alternate statements regarding insurance fraud be given. If you are a resident of any of the following states, please consider the following statements as replacements for the above statement.*

**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.

**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.

**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.

**District of Columbia** – WARNING: It is a crime to provide false 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.

**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.

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

**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.

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

**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.

**Tennessee** – 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.

**Virginia** – 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 may have violated state law.

X \_\_\_\_\_  
Signature of **Beneficiary**

X \_\_\_\_\_  
Signature of **Witness**

\_\_\_\_\_  
Name of **Beneficiary** (Please Print)

\_\_\_\_\_  
Address of **Witness**

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

**LIFE CLAIM SETTLEMENT OPTIONS DISCLOSURE FORM**

This Disclosure provides an explanation of the settlement options that may be available to a beneficiary under a life insurance policy claim. The availability of a settlement option is dependent upon the provisions of the life insurance policy contract. Please review the explanations provided herein and specify the settlement option you prefer on the accompanying Individual Death Claim Form.

**EXPLANATION OF LIFE CLAIM SETTLEMENT OPTIONS****1 – LUMP SUM PAYMENT**

The net proceeds from the policy will be paid to the beneficiary in one lump sum payment.

**FOR OPTIONS 2 AND 3, THE BENEFIT AMOUNT MUST BE AT LEAST \$5,000**

**2 – LIFE INSTALLMENTS**

*Beneficiary must be a natural person receiving payment in his or her own right. The beneficiary's date of birth is needed to calculate payment amount. Additionally, the name and date of birth of the beneficiary's spouse must be provided if option 2c, 2d or 2e is selected.*

- 2a. **LIFE ONLY** – This plan provides that the Annuitant will receive income payments as long as he or she lives. The payments terminate upon the Annuitant's death.
- 2b. **CERTAIN & LIFE** – This annuity provides payments as long as the Annuitant lives with a guarantee that payments will be made at least through the certain period. If the Annuitant dies within the certain period, the payments remaining in the certain period (or their commuted value) will be paid to the beneficiary.
- 2c. **JOINT & SURVIVOR (JS)** – Provides payment as long as both Annuitants are alive. Benefits may reduce to a specified percentage of the original amount if either Annuitant dies. All benefits cease after the Annuitant and spouse die. (Benefit type is not eligible for a beneficiary designation.)
- 2d. **JOINT & PERCENTAGE to SURVIVOR with Certain Period (JP)** – Provides payment as long as either the Primary or Contingent Annuitant is alive with a guarantee that payments will be made at least through the certain period. If both Annuitants die within the certain period, the payments remaining in the certain period (or their commuted value) will be paid to the beneficiary. **If other than 100%** - Payment reduces to a specified percentage of the original amount upon the latter of the end of the certain period or the death of either Annuitant.
- 2e. **ERISA JOINT & PERCENTAGE to SURVIVOR (EJ)** – Provides payment as long as either the Primary or Contingent Annuitant is alive. **If other than 100%** - Payment reduces to a specified percentage of the original amount if the Primary Annuitant dies but remains at full amount if spouse dies.

**3 – PERIODIC PAYMENTS**

- 3a. **FIXED PERIOD** – This annuity provides payments over a definite period of years or months. If the Annuitant dies within the fixed period, the remaining payments (or their commuted value) are paid to the beneficiary. All payments cease after the end of the fixed period.
- 3b. **FIXED AMOUNT** - The net proceeds may be paid in equal monthly or annual installments for a fixed amount until the net proceeds, with interest, are exhausted. If the Annuitant dies before the end of the fixed period, the remaining payments (or their commuted value) are paid to the beneficiary.

**4 – LEAVE ON DEPOSIT EARNING INTEREST**

The net proceeds may be left with the Company to draw interest. Interest will be paid annually and held on deposit for the benefit of the Annuitant. If the Annuitant dies before receiving all of the proceeds, the balance shall be paid to the beneficiary.

If the Life Installments or Periodic Payments settlement option is selected, you will receive a Supplementary Contract Illustration quoting the estimated payments available to you under said option. A Request for Supplemental Contract Due to Policy Settlement form will accompany the illustration for your completion and return to Shenandoah Life Insurance Company.

If you have any questions regarding your settlement options, please contact Shenandoah Life Insurance Company's Claims Department at 1-800-848-5433 Ext. 4550.