

# INSTRUCTIONS & CLAIMANT'S STATEMENT

CLAIMANT'S STATEMENT must be completed by the person(s) to whom the insurance is payable. If there is more than one beneficiary, you may make copies of this form as needed.

When a policy is payable to the Estate, the Claimant's Statement must be completed by the Executor(s) or Administrator(s), and submitted along with the Letters issued by the Court appointing that individual.

When a policy is payable to a company or corporation, the Claimant's Statement must be signed by two officers and include each officer's title.

When a policy is payable to a named beneficiary who is the age of majority or older, the statement must be made and signed by such beneficiary.

When a policy is payable to a minor, the statement may be made by the Court appointed Guardian of the minor's Estate and submitted along with a copy of the Court issued appointment or in accordance with other applicable state law. Proceeds may also be held with the Company at interest until the minor reaches the age of majority, which varies by state.

If a policy has been collaterally assigned by the owner prior to the death of the decedent, a Statement of Interest is also required. This document provides a statement of the assignee's interest and may be obtained by contacting our office.

When an official inquiry as to the cause of death has been made, a certified copy of the medical report, verdict, or finding, must be furnished with this statement.

If any part of the proceeds of a policy is payable to "children" or to others of a designated class, an affidavit must be furnished giving the name and date of birth of each and stating that the persons named in the affidavit constitute all of the class designated in the policy. If any have died, the affidavit must give the date and place of death.

Form 712 may be requested at any time and will be provided upon completion of the claim payment.

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*The undersigned claimant hereby states as follows:*

**CLAIMANT'S STATEMENT – (320-W0150395)  
Part A - (INFORMATION ABOUT THE DECEASED)**

|   |                                   |   |
|---|-----------------------------------|---|
| Name of Deceased (State all names used by the deceased during their life including maiden name, nickname, alias, or other name) |                                   | Policy Number(s)  |
| Deceased's Date of Birth  | Deceased's Social Security Number | Date of Death   |
| Deceased's Place of Birth   |                                   | Cause of Death  |
| List all policy numbers with this company:  |                                   | If cause of death was other than natural:<br><input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident |

14-040-2



**Part B - (INFORMATION ABOUT THE BENEFICIARY) (320-W0150395)**

Beneficiary Name \_\_\_\_\_  
First Middle Last Telephone Number

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Beneficiary's Social Security Number/Tax I.D. #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to the Deceased \_\_\_\_\_  
Month Day Year

**Part C - (Policy/Death Certificate) Please check the appropriate statements:**

- Enclosed is a certified copy of the death certificate of the insured.
- I have enclosed the original policy(ies).
- After a diligent search, the original policy(ies), or copies, cannot be located.
- If beneficiary is a trust, I have enclosed trust documents, which shows successor trustee.
- If beneficiary is a trust, I certify that the trust is still in full force and effect.

**Please select one of the two following statements:**

- Under penalty of perjury, I certify that I am subject to backup withholding.
- Under penalty of perjury, I certify that I am **not** subject to backup withholding because (choose one):
  - I am exempt.
  - I have not been notified by the Internal Revenue Service that I am subject to backup withholdings.

**Part D - Settlement Options**

You may elect to receive your policy benefits in any of the below-listed ways. To select one of the following, check the box and initial your selection.

- Make proceeds immediately available.\*
- I am interested in the Special Payment Options (e.g. Deposit, Installment or Life Income Options).
- Other (please specify): \_\_\_\_\_

**FRAUD NOTICE**

Several States require that a notice be provided to each claimant to protect against Fraud. The undersigned acknowledge the Fraud Notice document has been received, read and is incorporated by reference if the state in which the undersigned resides in is listed on that notice. 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 denial of insurance benefits.

**SIGNATURE**

*The undersigned agree that this Claimant's Statement constitutes their claim for proceeds, if any, under each of the above-listed policies as such were contractually in force at the time of the Deceased's death and that furnishing of this Statement does not waive any contract provisions.*

\_\_\_\_\_  
Disinterested Witness Date Beneficiary Signature Date  
(PLEASE SIGN AS YOU WOULD A CHECK)

\_\_\_\_\_  
Witness Address and Phone Number **[MUST BE SIGNED BY A WITNESS]**

\*Unless a lump sum payment is specially requested, an interest-bearing Financial Access Account will be automatically established on the beneficiary's behalf that gives the beneficiary time to make important financial decisions with respect to the proceeds. The payment of policy benefits in excess of \$5,000 will be made to the beneficiary through the account. You will be able to draw on that account at any time and for any amount (in excess of \$250) up to the account's then current balance. The terms and conditions of the Financial Access Account are described in the attached materials.