

CLAIM INSTRUCTIONS

Please review these instructions as you complete the enclosed Claimant Statement. If you need any assistance, please call us, toll-free at (800) 221-2554.

- All sections of the Claimant's Statement must be filled out completely by the Claimant (the beneficiary). The Claimant must sign the bottom of the form and the signature must be notarized. If there is more than one Claimant, each beneficiary must complete a separate form.
- When the beneficiary is a minor, incapacitated, or is unable to sign, the person empowered to act for the beneficiary must sign the Claimant's Statement. (Supporting documents; i.e., Power of Attorney, Certified Letter of Guardianship of the beneficiary's estate or Conservatorship Appointed must be attached to the Claimant's Statement). The Claimant's Statement must include the Social Security number of the minor child or incapacitated beneficiary.
- If the Claimant is the executor or administrator of the estate of the insured or the trustee for a beneficiary, such person must complete the Claimant's Statement. Certified Letters Testamentary, Letter of Administration or Trust Document must be attached. The tax identification number of estate or trust is required.
- The certified death certificate must display the colored emblem or raised seal of the issuing authority. If any Primary beneficiary named in the policy has died before the insured, a certified death certificate of the beneficiary must be attached.
- All documents sent to us, including but not limited to the certified death certificate, become a part of the claim file and cannot be returned to you.

Payment Methods and Options for Claim Proceeds:

You may choose to receive one check for the entire amount of the proceeds.

For payments under \$2,500, a check will be issued.

For payments of \$2,500 or more you may choose one of the settlement options described in the policy, unless the policy specifies a different amount. The policy may include settlement options which provide fixed interest rates ranging from 2% to 3.5%. Please refer to the policy contract and review all the settlement options that may be available to you.

Important Reminders

- ◆ Each section of the Claimant's Statement must be completed.
- ◆ The Claimant's Statement must be signed and notarized.
- ◆ Provide additional required documentation (e.g. letters testamentary, trust documents, letters of administration).
- ◆ Provide a certified Death Certificate

For assistance, please call
Customer Service at
800-221-2554

CLAIMANT'S STATEMENT

Please Attach a Certified Death Certificate

Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.

1. Deceased's Name in Full:

2. Policy Numbers: _____

3. Deceased's Birth Date: _____ Source from which Birth Date Obtained: _____
Birth Certificate, Family Record, Other Record

4. Residence of Deceased at Death: _____
Street Address City State ZIP

5. Date of Death: _____ Place of Death: _____

6. Cause of Death _____ 7. Your relationship to the Deceased: _____

8. Employer of Deceased _____ Deceased's Occupation: _____

9. Is claim being made for Accidental Death Benefits? Yes No

10. If deceased has insurance with other companies, list names of companies and amounts below:

Names of Companies	Amounts

11. Marital Status of Deceased: _____ Spouse's Name: _____

Children of Deceased _____ Spouse's Address: _____

The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

The Claimant Information on the next page *must* be filled out completely in order to avoid any delay.

CLAIMANT INFORMATION

The information in this section pertains to the Claimant (the beneficiary)

Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

1. Claimant's Full Name: _____

2. Date of Birth: _____ Social Security No. or Tax ID: _____
· Individual – Claimant's Social Security Number · Estate Tax ID Number
· Guardian – Child's Social Security Number · Trust Tax ID Number

3. Permanent Address: _____
Number, Street and Apt. or Suite No. (do not use a P.O. or in-care-of address)

City State Zip Code

4. Mailing Address: _____
(if different from above) Number, Street and Apt. or Suite No.

City State Zip Code

5. Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Please select your method of payment by marking the appropriate box below:

Check Settlement Option # _____ (refer to the policy and Claim instructions)

Please be sure to review the payment method information found in the Claim Instructions on page 1.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions:

- You must cross out item 2 if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The following statement is made in accordance with Insurance Laws:

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Signature of Claimant: X _____
(See "Important Reminders" on Page 1, "Claim Instructions")

Subscribed and sworn to before me this _____ Day of _____, 20_____

Signature of Notary Public: X _____