



Annuitant Death Claim

INFORMATION ABOUT THE ANNUITANT

Name of Deceased		Certificate Number(s)
Deceased Date of Birth	Deceased Social Security Number	Date of Death
Name of Annuity Owner		Social Security Number

PLEASE NOTE:

- (1) In addition to the above required information, a Certified Certificate of Death **MUST** be submitted.
- (2) The insurance Certificate must accompany this claim. If not available, please explain.
- (3) The bottom portion of this form must be completed.
- (4) If the Beneficiary is to the ESTATE, please submit Letters Testamentary.
- (5) If the Beneficiary is a TRUST, please submit a Certification of Trust.

INFORMATION ABOUT THE BENEFICIARY

Beneficiary Name	DOB	Social Security Number	Relationship
Address		City, State, Zip	
Daytime Phone Number	Email Address		

Please select an option from below. You may want to consult a tax advisor before making an election.

FULL CLAIM PAYMENT

We will pay you the annuity death claim payment in a single sum and report the taxable portion of the claim payment as taxable income (on form 1099R).

I elect not to have federal income tax withheld from the taxable portion of my claim check.

I elect to have federal income tax withheld from the taxable portion of my claim check.
Insert rate if greater than 10% _____

ELECTION TO RECEIVE THE DEATH CLAIM WITHIN FIVE YEARS OF THE DATE OF DEATH

If you choose this option, you must receive the entire claim payment by the end of the 5th year of the decedent's date of death.



ANNUITY INCOME PAYMENTS

Election to receive the Claim Payment as Income Payments.

Must be elected within 60 days of the death of the Annuitant. Income payments must begin no later than the first anniversary of the date of death and must be distributed over your lifetime, or a fixed number of years, not in excess of your life expectancy. If you select this option, we will send you quotations of the annuity income payable, and the taxable portion of each.

ANNUITY CONTRACT CONTINUED

If you are the Sole Beneficiary AND the Spouse of the Deceased Owner, you may continue the Annuity Contract As Owner.

THE UNDERSIGNED DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

WARNING: 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 be guilty of insurance fraud.

Beneficiary Signature

Date