

## Instructions and Definitions for Claimants Statement

Please read before completing any part of these forms. Every question must be answered completely. The Company reserves the right to require or obtain further information should it be deemed necessary.

**Proof of Death** - In ordinary cases, the required proofs of death are as follows: Certified death certificate for the Insured and completion of this Claimant's Statement by the appropriate party. This Statement must be executed by the person or persons to whom the proceeds are payable. Each Claimant must submit their own claim form.

**Certified Death Certificate** - The certified death certificate should list a cause and manner of death. Please do not send in a copy as it can delay the processing of your claim. An original certified death certificate should have a notarized seal or watermark. When the death certificate lists the cause and/or manner of death as "pending", the finalized amended death certificate must be furnished before the claim can be processed.

**Other Names Used by the Insured and/or Claimant** - List any and all names used by the Insured and/or Claimant, or including but not limited to: any alias used by the Insured and/or Claimant, maiden name, hyphenated name, nicknames. We may require additional proof of name change (e.g. marriage license, divorce decree, certification of name change, etc.).

**Minor Beneficiaries/Claimants** - When the proceeds are payable to a minor, Section B of the Claimant's Statement must contain the minor beneficiary's information. The signature section of the form must be signed by the Guardian. Please furnish the certified court appointed Guardianship papers for the Estate of each minor child. Custody papers are not acceptable.

**Estate as the Beneficiary** - When the proceeds are payable to an individual's Estate, the Claimant's Statement must be executed by the court appointed Executor/Executrix, Administrator, or Personal Representative. Please furnish the certified court appointed Letters Testamentary or Letters of Administration for the Estate.

**Trust as the Beneficiary** - When proceeds are payable to a Trust, the Claimant's Statement must be executed by the current Trustee(s) of the Trust. A Certification of Trust form must also be completed, which we will provide to you. Please furnish a copy of the Trust Agreement and any amendments to the Trust.

**Please note: If death was due to suicide, homicide or accident, please furnish a copy of the autopsy report and a copy of the investigating officer's report.**

**Claimants Statement**

In order to process your claim as quickly as possible, we need some information about you and the Insured. Please submit a certified death certificate that includes the cause and manner of death and the original Claimant's Statement(s). Each Claimant must submit their own Claimant's Statement. Only one certified death certificate is needed to process your claim. If you need assistance in completing this form, the Company or one of its representatives will assist you.

**A. Insured's Information**

- 1. Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Other names used by the Insured: \_\_\_\_\_
- 2. Please list all policy/contract numbers with our company on which you are filing a claim:  
\_\_\_\_\_
- 3. Address: \_\_\_\_\_  
Street Address/P.O. Box \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_
- 4. Marital Status: Single  Married  Widowed  Separated  Divorced  Other  Specify \_\_\_\_\_
- 5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- 6. Cause of Death: \_\_\_\_\_
- 7. Manner of Death: Natural  Homicide  Accident  Suicide  Other  Specify \_\_\_\_\_
- 8. Occupation: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_
- 9. Employer Name: \_\_\_\_\_ Employer Phone No: \_\_\_\_\_
- 10. Employer Address: \_\_\_\_\_

**B. Claimant's Information**

- 1. Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_
- 2. Date of Birth: \_\_\_\_\_ Sex: Male  Female
- 3. In what capacity are you claiming the death benefit? **Please check the box that applies to you.**  
Named Beneficiary  Executor/Administrator  Legal Guardian  Trustee  Other  Specify \_\_\_\_\_
- 4. Address: \_\_\_\_\_  
Street Address/P.O. Box \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_
- 5. Phone Numbers: (WK) \_\_\_\_\_ (HM) \_\_\_\_\_ (CELL) \_\_\_\_\_
- 6. Email Address: \_\_\_\_\_
- 7. Please indicate preferred method of communication: Mail  Phone  Email

**C. Information About Other Insurance**

List any additional life insurance on the life of the Insured.

\_\_\_\_\_

**D. Settlement Options**

The proceeds of this policy will be paid in a lump sum unless you specify otherwise. Settlement options are outlined in the Insured's policy.

\_\_\_\_\_

**E. Request for Taxpayer Identification Number & Certification**

I am a U.S. citizen (including a U.S. resident alien)

Social Security Number \_\_\_\_\_

Employer, Trust or Estate Tax Identification Number \_\_\_\_\_

OR

Check this box if you are **NOT a U.S. Citizen or resident** or otherwise not subject to U.S. taxation, and complete an IRS W-8BEN form.

**Certification for Mandatory Back-Up Withholding - Not to be used to elect Voluntary Withholding**

The number shown above is the correct taxpayer identification number for the individual/entity claiming the proceeds (or I am waiting for a number to be issued).

I am NOT subject to backup withholding because: (a) I am exempt from backup tax withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up tax 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 tax withholding. (Does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment or secured property, contributions to an individuals retirement arrangement (IRA), and payments other than interest and dividends.)

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial the statement above.)

**Under penalties of perjury, I also certify:**

I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**F. Claimant's Signature & Tax Certification**

*Any person who knowingly and with intent, defrauds or deceives an insurance company by submitting or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, may be guilty of insurance fraud, which may be a crime and may be subject to criminal and/or civil penalties.*

*By signing below, I attest and certify under penalties of perjury that the information in this Claimant's Statement is complete and true to the best of my knowledge, and that I have read and understand the Fraud Warning Notice set out on Form 11D047 for my state of residence, if any.*

Signed & Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City, State Day Month Year

Signature of Claimant, Trustee, Executor or Signing Officer

Signature of Witness

X \_\_\_\_\_

X \_\_\_\_\_

Claimant's Printed Name

Witness' Printed Name

\_\_\_\_\_

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**FRAUD WARNING NOTICES - PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE**

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**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.

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**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 CIVIL AND CRIMINAL PENALTIES.**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.**

**FOR THE STATES OF CONNECTICUT, GEORGIA, HAWAII, IOWA, ILLINOIS, KANSAS, MASSACHUSETTS, MICHIGAN, MISSOURI, MISSISSIPPI, MONTANA, NORTH CAROLINA, NORTH DAKOTA, NEBRASKA, NEVADA, SOUTH CAROLINA, SOUTH DAKOTA, UTAH, VERMONT, WISCONSIN, WYOMING:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinements in prison.

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**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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 false incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false or incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** 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 a denial of insurance benefits.

**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.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a state-

ment of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Sta. Ann. Section 638:20.

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

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**OHIO:** 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 is guilty of insurance fraud.

**OKLAHOMA - WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

**OREGON:** 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 that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

**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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an in-

surance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances be present, it may be reduced to a minimum of two (2) years.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** 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.

**WASHINGTON:** 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.

**WEST VIRGINIA:** Any person who knowingly presents a false or a fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.