

The Company does not waive any right nor admit any claim by furnishing this blank form.

This statement must be accompanied by an original certified death certificate for the Insured along with death certificates for any deceased beneficiaries.

Section 1: Insured Information

Insured's Name: _____ Policy # _____
Insured's Date of Birth: _____ Insured's Date of Death: _____

Was the insured in the process of bankruptcy or have any bankruptcy proceedings that are pending at this time?

- Yes** – The Case ID Number is: _____ and the Bankruptcy Trustee's name and contact information are: _____
 No

Section 2: Contestable Claim Information

[Please complete this section ONLY if death occurred less than two years from the policy's issue date or reinstatement date. Otherwise, leave this section blank.]

To the best of your knowledge and belief:

A. Was the insured using nicotine in any form?

- Yes** Type: Cigarettes Cigars Pipe Chewing tobacco Snuff E-cigarette/vape
 Nicotine replacement Other _____
 No

B. Did the insured use nicotine in any form in the past and quit?

- Yes** – Date late used: _____
 No – Never used
 No – Was still using

List the name and address of the deceased's primary care physician (family doctor). Also list any other physicians, hospitals, or medical centers that treated the deceased in the past 10 years:

Physician	Address	City, State	Zip Code	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other information that may be required:

- If death is from other than natural causes, we require a police/accident report, coroner report or autopsy report, and toxicology report. Hospital records may also be required.
- If a beneficiary is under age 18 or declared incompetent, their guardian must sign on behalf of the beneficiary and attach a copy of their court appointment.
- If the beneficiary is the Estate of the Insured, the Executor / Personal Representative of the Estate must sign as the claimant and attach a copy of their Letters Testamentary, Letters of Administration or other court appointment.

The home office may request additional information or reports from the beneficiary after the claim is filed.

ANY COSTS FOR DOCUMENTS/REPORTS SHALL BE AT THE BENEFICIARY'S EXPENSE.

Section 3: Payment Options

Have you assigned this policy to a funeral home and/or cemetery for payment of funeral expenses?

- Yes** – Name of Funeral Home/Cemetery: _____ Amount assigned: \$ _____
(ATTACH THE FUNERAL ASSIGNMENT FORM AND ITEMIZED BILL)
- No**

Please select one or more of the following payment options:

- Lump Sum – Direct Deposit (ATTACH A VOIDED CHECK OR DIRECT DEPOSIT SETUP FORM)
- Lump Sum – Check
- Settlement Option (Complete and attach form #12-573)
- Transfer to new policy (Complete and attach policy application form)
- Other – please explain: _____

IF NO METHOD IS SELECTED, OR IF NECESSARY DOCUMENTS ARE NOT ATTACHED, THE DEFAULT PAYMENT WILL BE LUMP SUM – CHECK.

In accordance with the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982:

- I DO NOT** want Federal Income Tax withheld from my distribution. If you elect not to have Federal Income Tax withheld, you are responsible for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made.
- I elect to have Federal Income Tax withheld according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982. We will withhold 10% of the taxable distribution. If you wish a higher percentage, then indicate the amount to withhold here _____. If the distribution is not taxable, then no Federal Income Tax will be withheld.

If no election is made and if there is a taxable distribution, the default will be to withhold Federal Income Tax.

Section 4: Claimant Information

Are you a citizen or Permanent Resident of the United States?

- Yes**
- No** – My immigration / visa status is: _____ (Attach IRS Form W-8 BEN)

Are you currently in bankruptcy or are any bankruptcy proceedings pending?

- Yes** – The Case ID Number is: _____ and the Bankruptcy Trustee's name and contact information are: _____
- No**

I, the claimant, hereby certify under penalties of perjury, that the Social Security Number / Tax Identification Number provided is true, correct, and complete. **Print name/address of Claimant.** **DO NOT SIGN A BLANK FORM**

Name _____	_____ Signature of Claimant
Address _____	_____ Claimant's Social Security Number/Tax ID Number
Email _____	_____ Claimant's Date of Birth
Phone _____	Relationship _____

Signature must be notarized below

TO BE COMPLETED BY NOTARY PUBLIC:

On this _____ day of _____, _____, personally appeared before me
Month Year

the above named claimant, of full legal age, who subscribed the foregoing statement before me and made oath that the answers are each and all complete and true.

(SEAL) My county of residence is (please print) _____

My commission expires _____

Notary Public

FRAUD WARNING NOTICES – PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

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 criminal and civil 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 false or fraudulent information to obtain or amend insurance coverage or to make a 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 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.

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 any 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, 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 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.

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 crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 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.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 any claim for the proceeds of an insurance policy containing any 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 or deceptive information concerning any fact material thereto may commit a fraudulent insurance act, which is a crime and subjects such person 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.

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 present 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 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.

ALL OTHER STATES: 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.