

## INSTRUCTIONS

Use this form to request claim payment for an individual beneficiary on a Reliance Standard Life ("RSL") deferred annuity contract. Each Beneficiary should complete a separate Claim Form. Please make a copy of the documents you send to RSL as we are unable to return documents.

The following information will be required to process benefits for the Annuity Contract:

- Completed Annuity Claims Packet – One for each beneficiary
- Original Certified Death Certificate for the Owner - or the Annuitant if the Annuity Contract was owned by a non-natural person such as a Trust or Corporation (the certified death certificate showing cause and manner of death).
- Original Annuity Contract or Lost Policy Affidavit
- Birth Certificate of Beneficiary if Annuitization Settlement Option with a Life Contingency is selected

**Estate as Beneficiary** – If the proceeds are payable to the estate of the Owner, then the executor or administrator of the estate should complete the Annuity Claim Packet. A certified letter of appointment of the executor or administrator is required.

**Minor or Incompetent Adult as Beneficiary** – If the proceeds are payable to a minor or incompetent adult, the guardian of the estate of the minor or adult should complete this form. The court appointment documents with a certified court stamp must also be submitted.

**Trust as Beneficiary** – If the beneficiary is a trust, then the trustee must complete this form. If the beneficiary is a Trust, a copy of the Trust Certification form (EF-2989) must be provided to Reliance Standard Life.

**General Requirements** – RSL pays death claim proceeds on a "per capita" basis (unless the beneficiary designation was made as "per stirpes"). If there are multiple beneficiaries within the same class (i.e. primary, contingent, etc.), and one or multiple beneficiaries predeceased (died prior to) the owner, their portion of the proceeds will be divided among the surviving beneficiaries equally. A certified copy of the death certificate for each such beneficiary must also be furnished to RSL.

If any beneficiary's date of death occurred after the Owner, that share of the annuity proceeds are payable to the estate of the deceased beneficiary. In addition to the forms and documents described above, Certified Letters of Testamentary or Letters of Administration (appointing the Executor or Administrator of the deceased beneficiary's estate.) are required and the Executor or Administrator should complete this form on behalf of the Estate.

**Custodial Traditional IRA, Custodial Roth IRA and Pension Trusts** – RSL does not withhold federal or state income taxes from or provide tax reporting on Custodial IRA, Custodial Roth IRA, or annuity contracts owned by a Pension Trust (e.g., 401(k), H.R.10, 401(a) and 412(e)(3)).

**Required Minimum Distribution (RMD) for Traditional or SEP IRA Beneficiary** – For deaths prior to 1/1/2020, if the decedent owner reached the required beginning date April 1st of the year following the attainment of age 70 ½ prior to death, a Required Minimum Distribution is required for the year in which death occurred. If this applies, a Required Minimum Distribution must be paid before December 31<sup>st</sup> of the year of death.

For deaths **after** 1/1/2020, if the decedent owner reached the required beginning date April 1st of the year following the attainment of age 73 prior to death, a required minimum distribution is required for the year in which death occurred. If this applies, a Required Minimum Distribution must be paid before December 31st of the year of death.

**Deferred Annuity Claims Packet** – Consider your claim settlement options carefully. Refer to this Deferred Annuity Claim Packet for information about each option.

- RSL and its affiliates, subsidiaries, employees and agents do not provide tax or legal advice.
- Federal and State tax laws and regulations are complex and subject to change. You should consult your financial or tax advisor to discuss your specific situation before making your decision.
- Once your claim has been processed, your Payment Option cannot be changed or modified.
- To ensure your claim is processed by December 31st of a calendar year, all requirements must be received in good order by December 1st of that calendar year.
- The taxable portion of the death benefit distribution will be reported to you and the IRS on form 1099-R in the year the check is issued and must be included in your gross income for tax purposes. If you are making elections for multiple contracts, you must specify the contract number(s) next to each Payment Option.

Please Note: A Lump Sum Payment to the beneficiary is mandatory if the death claim is paid after December 31st of the year following the date of death for qualified annuities, or more than one year after the owner's death for non-qualified annuities.

The table below describes the Payment Options available to different beneficiary types.

<b>Beneficiary Relationship to Deceased Owner</b>	<b>Lump Sum Payment</b>	<b>Spousal Continuation</b>	<b>Five Year Deferral (See description below)</b>	<b>Ten Year Deferral (IRA Only – Death after 1/1/2020)</b>	<b>Annuitization</b>
<b>Spouse</b>	Yes	Yes	Yes	Yes	Yes
<b>Non-Spouse</b>	Yes	No	Yes	Yes	Yes
<b>Minor</b>	Yes	No	No	No	No
<b>Trust</b>	Yes	No	Yes	Yes	No
<b>Estate</b>	Yes	No	No	No	No
<b>Corporation or other Entity</b>	Yes	No	No	No	No

#### **Lump Sum Payment (Section 4A)**

- This option provides the death claim payment in a single sum paid to you or allows funds to be transferred directly from one annuity to another annuity or account, as a 1035 Exchange, Non-Qualified Taxable Transfer, Trustee-to-Trustee IRA Transfer, or Trustee-to-Trustee Inherited IRA Transfer.
- If the proceeds are paid to the beneficiary, the taxable portion of the proceeds are reported as taxable income in the year the check is issued.
- For a 1035 Exchange or Direct Transfer, you must provide any transfer forms and a letter of acceptance, and corporate resolution or authorized signor page from the annuity issuer or IRA custodian.

#### **Spousal Continuation (Section 4B)**

- The Spouse must be the Sole Beneficiary of the annuity contract and will become the new Owner and Annuitant of the existing Annuity Contract. No death benefit distribution will occur and the ownership change is not a taxable event.
- The original contract will continue with the spouse beneficiary as owner and annuitant and the contract will be credited with earnings since the date of death. Early withdrawal penalties would apply to any withdrawals that exceed the penalty free withdrawal amount under the terms of the annuity contract.
- The spouse must elect new primary and contingent beneficiary(s) in Section 7.
- The contract continues to grow tax-deferred until distributions occur, and a 10% penalty tax may apply to withdrawals that occur prior to age 59 ½. Required Minimum Distributions (RMD) from a Traditional IRA must begin when the spouse beneficiary attains age 73.
- This option must be processed by December 31st of the year following the date of death for Qualified Annuities, or within 60 days of being eligible for a lump sum payout.

#### **Five Year Deferral (Section 4C)**

- The Five-Year Deferral option allows for a delay of your claim payment and is available for all Non-Qualified contracts.
- The claim proceeds will be transferred to a Supplemental Contract that will earn interest at the Deposit Rate, currently 1% compounded annually.
- Distribution of the claim proceeds will be processed from the Supplemental Contract through requested withdrawals during the five-year deferral period.
- The entire amount must be distributed on or before the 5th anniversary of the decedents date of death.

#### **Ten Year Deferral – Qualified Contracts Only (Section 4D)**

- The Ten-Year Deferral option allows for a delay of your claim payment and recognition of taxable income as described below.
- The claim proceeds will be transferred to a Supplemental Contract that will earn interest at the Deposit Rate, currently 1% compounded annually.
- Distribution of the claim proceeds will be processed from the Supplemental Contract through requested withdrawals during the ten-year deferral period.
- The entire amount must be paid on or before December 31st of the 10th year following the decedent's date of death.
- A Required Minimum Distribution (RMD) must be taken in years 1-9 if the deceased owner reached their required beginning date. We will establish a systematic withdrawal for an annual payment equal to the RMD based on your life expectancy. If the deceased owner took their RMD in the same year as their death, the first payment to you will begin the following year. A lump sum payment will be made in year 10 for the remainder of the account balance.

#### **Annuitization Settlement Options (Section 4E)**

- This option provides a series of fixed payments, distributed over the lifetime of the beneficiary or a fixed number of years not to exceed life expectancy. Payments must begin no later than December 31st of the year following the date of death for qualified contracts, or no later than the first anniversary of the owner's death for non-qualified annuities.
- Once payments begin, they cannot be changed and cannot be commuted to a lump sum.
- Complete Section 5 Banking Information as all payment must be paid through an Electronic Funds Transfer (EFT).
- Complete section 6 to indicate the appropriate federal and state tax withholding.
- Complete Section 7 and designate new Primary and Contingent Beneficiaries.
- A Supplemental Contract will be issued. For non-qualified contracts, each payment is taxed subject to an exclusion ratio calculated using the basis and earnings of the original contract. For Traditional IRA and SEP IRA, the entire payment is taxable. The beneficiary is responsible for tax reporting any non-deductible IRA contributions.

### **Deferred Annuity Claim Packet – Instructions**

- Please do not return the Fraud Notice or Instructions with your Annuity Death Claim Packet.
- Unclear handwriting, incomplete or missing information, or omitted documents will delay your claim payment.
- All claims will be paid in U.S. currency.
- If systematic withdrawals were paid after the date of death, by signing the claim form you agree to leave the funds as distributed. If you do not agree with the distribution of these funds, please contact our office.
- As the named beneficiary on this contract the only settlement option available will be to continue the original annuity payments as stated in the terms of the original contract with the owner.

### **ADDITIONAL DOCUMENTS – May be required.**

- **Power of Attorney for the Beneficiary** – A copy of the Power of Attorney document
- **Conservator or Guardian for the Beneficiary** – Court paperwork showing appointment of conservator or guardian
- **Estate Affidavit** – A copy of Estate paperwork for the owner naming the Executor over the Estate or submit the small Estate Affidavit paperwork, which can be obtained from your state official website.
- **Minor Beneficiary** – Court paperwork showing appointment of conservator or guardian of minor's estate (required Even if a parent). If the beneficiary qualifies under UGMA/UTMA, a notarized affidavit showing custodianship may be submitted.
- **Beneficiary Name Change** – Proof of the name change, such as marriage certificate, divorce decree, or other court document showing the name change
- **Deceased Beneficiary** – Copy of Death Certificate for the beneficiary. If the deceased beneficiary was designated "Per Stirpes," an Affidavit of Heirship is required.
- **Beneficiary Designation of All Children** – Affidavit for Payment to Surviving Children. This form must list all children and be notarized. If there are multiple children only one Affidavit is required.
- **Beneficiary is a Former Spouse** – Copy of the divorce decree and marital settlement agreement
- **Funeral Home Assignment** – Instructions, signed and dated by the claimant, indicating the dollar amount assigned to the funeral home and the payee and address to be listed on the check.
- **Foreign Beneficiary** – A completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) is required in order to institute a lower tax treaty rate. If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable.
- **Foreign Death** – If the Annuitant passed away outside of the U.S., a Consular Report of Death of a U.S. Citizen Abroad from the Bureau of Consular Affairs.
- **Notarized affidavit** - If the beneficiary of the annuity contract is designated as "payable to the children" of the Owner or to any other group of persons whose names are not specified, a notarized affidavit must be furnished to RSL confirming the number of members of the group and the following information for each member of the group: name, dates of birth, social security number, and current address. Each member of the group must complete their claim form. If any group members have died, the affidavit must provide the date and place of death, and must state whether they died married or unmarried, testate or intestate, and with or without children. A copy of any deceased beneficiary's death certificate must be provided to RSL.

## FRAUD NOTICE

**All states (except as noted below): 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.**

**ALABAMA, ARKANSAS and 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.

**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.

**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.

**KENTUCKY** — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

**NEW JERSEY** — Any person who includes any false or misleading information on an application for an insurance policy 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 benefits 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 (health insurance only)** — 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.

**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, VIRGINIA, 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 may include imprisonment, fines or a denial of insurance benefits.

**WASHINGTON, DC** — 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.

Please complete this form and **return pages 1-6** to Reliance Standard Life Insurance Company ("RSL"). The instructions found in the beginning of this packet should be retained for your records. The payment option you select in section 4 will determine the sections you must complete throughout the rest of the form. We are unable to return any original documentation submitted with the form.



**EMAIL TO:**  
inforceannuities@rsli.com



**FAX TO:**  
267.256.4713



**MAIL TO:**  
Retirement Services Operations - Inforce  
Reliance Standard Life Insurance Company  
1700 Market Street, Suite 1200  
Philadelphia, PA 19103

**QUESTIONS? Call Customer Care at 1.800.435.7775**

### SECTION 1 | Annuity Contract Number

Provide annuity contract number below for which you are claiming the death benefit.

Contract / Policy Number \_\_\_\_\_

### SECTION 2 | Decedent Information

Complete this section with information about the deceased Owner or Annuitant if the annuity contract was owned by a non-natural person such as a trust or corporation.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Also Known as (if applicable) \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Date of Death (MM/DD/YYYY) \_\_\_\_\_

### SECTION 3 | Beneficiary / Claimant information

If you are the named beneficiary, complete this section with information about yourself. If you are claiming on behalf of the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, complete this section with information about the beneficiary and provide your information in Section 8.

In what capacity are you claiming the death benefit?

- ☐ Spouse
- ☐ Non-Spouse Your relationship to decedent \_\_\_\_\_
- ☐ On behalf of the named beneficiary, as ☐ Conservator ☐ Guardian ☐ Attorney-in-Fact
- ☐ Other \_\_\_\_\_

Complete the section below for the Beneficiary.

Beneficiary is: ☐ United States Citizen ☐ Resident Alien ☐ Not United States Citizen – Please attach W8-BEN to this form.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Trust/Estate/Also Known As \_\_\_\_\_

SSN/TIN \_\_\_\_\_ ☐ Male ☐ Female ☐ Non-Natural Owner Birth Date (MM/DD/YYYY) \_\_\_\_\_

Physical Address (Street Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

## SECTION 4 | Payment Options

An election in this section is required – only one option per policy may be selected.

☐ **A. Lump Sum Payment**

☐ Lump Sum Payment to Beneficiary

☐ Direct Transfer, or 1035 Exchange: ☐ Transfer paperwork included ☐ Transfer paperwork to follow

Tax Qualification of Transfer/1035 Exchange (please consult your tax advisor for assistance)

Non-qualified: ☐ 1035 Exchange ☐ Non-Qualified Taxable Transfer

Qualified: ☐ Trustee-to-Trustee Transfer ☐ Inherited IRA – Must be processed by December 31st of the year following the original owner's date of death

☐ Please process decedent's current year RMD prior to the transfer

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☐ **B. Spousal Continuation** ☐ Internal transfer (Only available with a spousal continuation)

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☐ **C. Five Year Deferral – Non-Qualified Contracts ONLY (See chart on page 2 of the instructions)**

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☐ **D. Ten Year Deferral (See chart on page 2 of the instructions)**

By selecting this option, you are agreeing to receive an annual Required Minimum Distribution in years 1-9 if the deceased owner reached their required beginning date. A final distribution will be made in year 10 and the contract will be closed.

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☐ **E. Annuitization Settlement Option**

Payment Duration: ☐ Life Only ☐ Period Certain ☐ Life and Period Certain  
(If no option is elected, we will default to Period Certain)

Enter Duration if Period Certain and Life and Period Certain: \_\_\_\_\_ years  
(If no duration, or a duration less than 5 years is selected, we will default to 5 years). Duration cannot exceed beneficiary life expectancy.

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually  
(If no frequency is elected, we will default to Annually.)

If you choose Periodic Payments, you must also provide Banking Information in Section 5 below.

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### Deceased Owner Required Minimum Distribution

- If you elected Payment Option B, D, or E above, for either a Traditional IRA or SEP-IRA, please read the section below and make an election if necessary.
- The IRS requires that distributions from IRA plans begin by April 1st of the year following the year in which the owner reaches age 73. The distributions are also referred to as Required Minimum Distribution and the date by which the owner must begin receiving Required Minimum Distributions is April 1st of the year following attainment of age 73 which is referred to as the Required Beginning Date.
- If the decedent owner reached the required beginning date prior to death, a required minimum distribution is required for the year in which death occurred. If a Required Minimum Distribution was required, please indicate if one was taken:
  - ☐ The Required Minimum Distribution for the decedent owner's year of death has been taken.
  - ☐ The Required Minimum Distribution for the decedent owner's year of death was not yet taken, please distribute my share of the Required Minimum Distribution and pay it in a lump sum.

## SECTION 5 | Payment Instructions

- Do not complete this section for a transfer/1035 exchange. The check will be mailed to the address provided on the transfer paperwork.

Select how you would like your lump sum sent to you from the options below.

- ☐ Address of Record of the deceased
- ☐ My mailing address

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- ☐ Overnight – Send the proceeds via Overnight Mail to my mailing address. I am aware there will be a charge of \$25.00 deducted from the withdrawal amount. **(This option is not available if your address is PO Box).**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Complete this section **ONLY** if you elected one of the following Payment Options:

- C - 5-Year Deferral,
- D - 10-Year Deferral, or
- E - Annuitization.

- ☐ EFT – To provide faster access to your money, we will deposit your money directly in your bank account using Electronic Funds Transfer (EFT).

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check):	Account Number (Bottom center of check):

Type of account: (Your name must appear on the account in order to process your request.)

- ☐ Checking - Please attach a voided check for the listed account.
- ☐ Savings - Please include a bank statement for the listed account.

Name of Account → Joe Smith  
123 Any Street  
Any City, US 12345  
Date \_\_\_\_\_ 1234

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Bank Name → ABC Bank  
PO Box 111  
Any City, US 11111

Memo \_\_\_\_\_

Transit /ABA No. :107198557: Checking Account Number 1111111 Check Number 1234

**VOID**

### BANKING INFORMATION

- Direct deposit is only available if you've elected an annuitization or systematic withdrawal from a deferred contract.
- RSL will use third party software to assist in validating the bank account information provided. If RSL is unable to authenticate your account information, your payments will be sent to your address of record via regular mail.
- A copy of a voided check, account statement, or signed letter by a bank officer with the beneficiary's name and account information on it is required to verify the information provided.
- Payments cannot be made to third parties, a power of attorney, or to the trustee of a trust.
- These instructions will apply to all Reliance Standard annuity contracts owned by the same person and will remain in effect until RSL is instructed to replace this information.

**FEDERAL INCOME TAX WITHHOLDING****Lump Sum Tax Withholding (Complete this section for option A – Lump sum Payment to Beneficiary only)**

The lump sum payment is subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your payment included in your income subject to federal income tax. Applicable state income tax will be withheld as required. If you DO NOT make a withholding election, 10% federal income tax will be withheld. Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

- ☐ I do not want federal income tax withheld from my payment.
- ☐ Please withhold the default rate of 10% for federal income tax.
- ☐ Please use the enclosed IRS Form W-4R for federal income tax withholding (accessible through the IRS.gov website).
- The IRS now requires IRS Form W-4R for non-periodic payments to be completed when an amount different than 10% is requested to be withheld.

**Periodic Payment Tax Withholding (Complete this section for option E – Annuitization Settlement Option)**

Your annuity payments are subject to federal income tax withholding unless you elect to not have withholding apply. Withholding will only apply to the portion of your annuity payment that is subject to federal income tax. You may elect to not have taxes withheld. You may revoke your election at any time. If you DO NOT make an election, federal income tax will be withheld from the taxable portion of your annuity payments at the default rate of 10%.

- ☐ I do not want federal income tax withheld from my payment.
- ☐ Please withhold the default rate of 10% for federal income tax.
- ☐ Please use the enclosed IRS Form W-4P for federal income tax withholding (accessible through the IRS.gov website).
- The IRS now requires IRS Form W-4P for periodic payments to be completed when an amount different than 10% is requested to be withheld.

**Please Note:** Not withholding federal taxes or not withholding sufficient federal taxes may impact the need for you to pay estimated taxes. You are responsible for the payment of estimated taxes as indicated by the IRS on forms W-4R or W-4P. Please consult a tax advisor regarding tax withholding as it pertains to your individual situation.

**STATE INCOME TAX WITHHOLDING**

If state withholding is elected and no percentage is specified or the amount indicated is not sufficient to meet the state minimum, RSL will withhold the mandatory percentage required in your state, if applicable. (Required income tax withholding rules supersede any election made.)

- ☐ I do not want state income tax withheld from my payment.
- ☐ Please withhold \_\_\_\_\_% or \$\_\_\_\_\_ state income tax from my payment.

**Foreign Claimants**

- If you are not a United States Citizen, we are required to withhold up to 30% of the benefit payable to you.
- A special withholding rule exists if you are a citizen of, and reside in, a country with which the United States has an income tax treaty. A list of treaty countries is provided in IRS Publication 901 (United States Tax Treaties) which can be obtained from the IRS Website at [www.irs.gov](http://www.irs.gov).
- In order for us to institute a lower treaty rate, your United States Taxpayer Identification Number (TIN) must be provided on a completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding). If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.
- If you do not have a United States TIN, one can be obtained from the Internal Revenue Service by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number). Note: The RSL does not facilitate the beneficiary's application for a TIN. Please do not return IRS Form W-7 to our office.



**SECTION 7 | New Beneficiary Election – Complete this section if you elected Payment Options B, C, D or E**

Percentages for all Primary and Contingent beneficiary classes must each total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate. (If the Beneficiary is Trust, complete trust certification)

**Primary Beneficiary**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) Percentage (%) \_\_\_\_\_

Or Entity/Trust Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Owner or Annuitant if Entity Owner \_\_\_\_\_

☐ Primary ☐ Contingent

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) Percentage (%) \_\_\_\_\_

Or Entity/Trust Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Owner or Annuitant if Entity Owner \_\_\_\_\_

☐ Primary ☐ Contingent

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) Percentage (%) \_\_\_\_\_

Or Entity/Trust Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Owner or Annuitant if Entity Owner \_\_\_\_\_

☐ Primary ☐ Contingent

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) Percentage (%) \_\_\_\_\_

Or Entity/Trust Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Owner or Annuitant if Entity Owner \_\_\_\_\_

☐ Primary ☐ Contingent

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY) Percentage (%) \_\_\_\_\_

Or Entity/Trust Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship to Owner or Annuitant if Entity Owner \_\_\_\_\_

☐ Check this box if you are including additional beneficiaries on a separate sheet.

**SPECIAL REMARKS:**

**SECTION 8 | Authorization and Signature(s) - This section is required.**

Please sign and date below. If you do not sign and date this page, processing of your claim will be delayed. By signing below, I acknowledge:

- I have read this form in its entirety and the information provided on pages 1-6 is complete and accurate to the best of my knowledge.
- I have read the fraud notice on page 4 of the instructions.

**IRS Certification**

Under penalties of perjury, I certify that:

- The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
- 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined in the General Instructions on IRS Form W-9), and

Exemption from FATCA reporting code (if any): \_\_\_\_\_

If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

- ☐ Check this box if the IRS has advised you are subject to backup withholding.
- ☐ Check this box if you are a Non-U.S. Citizen, and include a signed IRS Form W-8 BEN instead of agreeing to this certification.

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

☐ Beneficiary/Claimant Signature \_\_\_\_\_ Signature Date (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name of Beneficiary/Claimant (please print)\*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

If you are signing on behalf of the beneficiary, check one of the boxes to indicate the capacity in which you are signing and provide documentation (e.g. Power of Attorney documents, court appointment paperwork, etc.) to verify your authorization.

☐ Conservator ☐ Guardian ☐ Attorney-in-Fact ☐ Other \_\_\_\_\_

☐ On behalf of the beneficiary, claimant signature \_\_\_\_\_ Signature Date (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name and Title (please print)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_