

INSTRUCTIONS

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

The following information will be required in order 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 (submit with a copy of 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 - Reliance Standard Life 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 the Reliance Standard Life.

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.

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 the Reliance Standard 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 Reliance Standard.

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 31st of the year of death.

For deaths **after** to 1/1/2020, if the decedent owner reached the required beginning date April 1st of the year following the attainment of age 72 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.

- Reliance Standard 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 1099R 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.

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

Lump Sum Payment

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.

Death Proceeds are payable in a lump sum to the beneficiary, or transferred or exchanged to another financial institution as a 1035 Exchange or a Direct 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

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 in 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 72. 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.

IRA Lifetime Distributions - (Deaths prior to 1/1/2020)

This option is only available for Traditional IRA and SEP IRA contracts where the owner's death occurred prior to January 1, 2020. This option is subject to the following requirements: 1) You must start Required Minimum Distributions (RMDs) based on your IRS Single Life Expectancy, beginning in the year after the decedent's date of death, 2) the Lifetime Distribution for all calendar years must be scheduled.

The claim proceeds will be transferred to a Supplemental Contract that will earn interest at the Deposit Rate, currently 1% compounded annually.

The beneficiary is responsible for tax reporting any non-deductible IRA contributions.

Five Year Deferral

The Five Year Deferral option allows for a delay of your claim payment and is available for all Non-Qualified contracts. This option is also available for IRA contracts where the date of death occurred prior to January 1, 2020. For IRA Contracts, this option is not available where the decedent had reached the Required Beginning Date for Required Minimum Distributions (April 1st of the year in which the deceased owner attained age 70 ½). 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.

- For Qualified Contracts, the entire amount must be paid on or before December 31st of the 5th year following the decedents date of death.
- For Non-Qualified Contracts, the entire amount must be distributed on or before the 5th anniversary of the decedents date of death.

Ten Year Deferral - IRA Only

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.

- For IRA Contracts, the entire amount must be paid on or before December 31st of the 10th year following the decedent's date of death.

Annuitization Settlement Options

- 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.
Please complete Section 7 and designate new Primary and Contingent Beneficiaries.
Also complete Section 5 Banking Information as all payment must be paid through an Electronic Funds Transfer (EFT).
- 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 all payments taxable. The beneficiary is responsible for tax reporting any non-deductible IRA contributions.

FRAUD NOTICE

Alaska Fraud Warning: A person who knowingly and with intent to injure, defraud or deceive an insurance company, files a claim containing a false, incomplete, or misleading information is guilty of a felony.

Arizona Fraud Warning: 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 Fraud Warning: Any person who 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 state prison.

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

Colorado Fraud Warning: 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 Fraud Warning: 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.

Florida Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: 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 Fraud Warning: 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.

Minnesota Fraud Warning: A person who submits an application or files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Fraud Warning: Any person who, with the 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 402:82

New Jersey Fraud Warning: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio Fraud Warning: Any person who, with intent to defraud or knowing that he/she 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 Fraud 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 any false, incomplete or misleading information is guilty of a felony

Pennsylvania Fraud Warning: 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.

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.
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If you are signing as...

- Conservator – Example: “John Smith, Conservator”
 - Guardian – All acting guardians must sign. Example: “John Smith, Guardian”
 - Attorney-in-Fact – Example: “John Smith, Attorney-in-Fact/Power of Attorney”
 - UGMA/UTMA – Example: “John Smith, Custodian Under [State] UTMA/UGMA”
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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
 - 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
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Please complete this form **and return Pages 5-10** to Reliance Standard Life Insurance Company (“Reliance Standard”) using one of the methods below. Complete all required sections for your request. **Your request will not be processed until pages 5-10 are received.**



EMAIL TO:

inforceannuities@rsl.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.

1. 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 _____ M.I. ____ 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 _____ M.I. ____ Last Name _____

Trust/Estate/Also Known As _____

SSN/TIN/EIN _____ Male Female Non-Natural Owner

Birth Date (MM/DD/YYYY) ____ / ____ / ____

Physical Address - (Street Address) _____

City _____ State _____ Zip _____ - _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Telephone _____ - _____ - _____

E-mail _____

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

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

Inherited IRA – Must be processed by December 31st of the year following the original owner's date of death

B. Spousal Continuation

C. Lifetime Distributions (Only for deaths prior to 1/1/2020)

Payment Frequency: (If no frequency is elected, we will default to annually)

Monthly Quarterly Semi-Annually Annually

Date of first payment (MM/DD/YYYY) ____ / ____ / _____

D. Five Year Deferral (See Chart & Instructions on Page 2)

E. Ten Year Deferral (See Chart & Instructions on Page 3)

F. 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 elected, 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 elect Periodic Payments, you must also provide Banking Information in Section 5 below.

Payment Start Date (MM/DD/YYYY) ____ / ____ / _____ See start date requirements on page 3 of the instructions.

Deceased Owner Required Minimum Distribution

If you elected Payment Option B, C, D, or F 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 72. 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 72 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

- Complete this section if you elected Payment Options C-Lifetime Distributions, D- 5-Year Deferral, E- 10-Year Deferral, or F-Annuitization.
- Do not complete this section for a transfer/1035 exchange. The check will be mailed to the address provided on the transfer paperwork.

First Name _____ M.I. ____ Last Name _____
Street Address _____
City _____ State _____ Zip _____ - _____
Telephone _____ - _____ - _____

BANKING INFORMATION

If you have elected:

- C-Lifetime Distributions
 - F-Periodic Payments
- All payments will be made through EFT and you must provide banking information for your scheduled payments.

- Direct deposit is only available if you've elected a systematic withdrawal or RMD withdrawal. A voided check pre-printed with the beneficiary's name must be on file with RSL or attached to this request for direct deposit. (Check copies will not be accepted.)
- Please verify the routing number with your financial institution.
- For a Savings account, please provide a copy of a current statement or letter from a bank officer, confirming the routing and account numbers.
- It may take 1-5 business days for funds availability from the withdrawal date.

Select the type of account from the two options to the right. Checking Savings

Complete the bank and account information below.

Bank/Financial Institution Name _____
Bank/Financial Institution Phone Number _____ - _____ - _____
Routing Number _____
Account Number _____

If deposits are being made to a Checking Account, please attach a **VOIDED CHECK** at the end of the form that will provide us with your financial institutions account and routing numbers.

SECTION 6 | Tax Withholding - Complete this section if you elected Payment Options A or C or F or RMD

- I DO NOT want Federal or State income tax withheld
- I DO want Federal or State income tax withheld as indicated below:

Withhold for Federal Income Tax _____ %

Withhold for State Income Tax _____ %

Important Tax Notification

Non-Qualified Plans

If you complete this section, Reliance Standard will withhold the federal and state income on the taxable portion of your withdrawal(s).

Custodial Traditional IRA, Custodial Roth IRA and Pension Trusts

Reliance Standard 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)).

Traditional IRA & Inherited IRA Plans

If you do not complete Section 6, or if you designate federal income tax withholding of less than 10%, Reliance Standard will automatically withhold the minimum amount required by federal law, which is 10% and any mandatory state income taxes from your withdrawal(s). State income tax withholding requirements vary depending on your state of primary residence at the time of the withdrawal. Federal and state withholding requirements for taxable distributions from Individual Retirement Annuities (IRAs) are listed below:

- a. The following states require mandatory state income tax withholding when federal income tax is withheld (AR, CA, CT, DE, IA, KS, MA, ME, NC, OK, OR, VT). In these states, when you indicate a federal income tax withholding rate and you do not indicate a state income tax withholding rate or enter a rate less than your state's minimum withholding rate, we will automatically withhold state tax at the minimum rate required by your state.
 - b. Residents of CA, DE and NC may elect to not have state income tax withheld when federal income tax is withheld by entering 0% in the state tax withholding field.
 - c. If federal income tax is not withheld, state income tax withholding is not required for the states listed above except for residents of CT, DC and MI where minimum state tax withholding applies even when federal income tax is not withheld. If federal income tax is not withheld, you may elect state income tax withholding by entering a rate in the state tax withholding field above.
 - d. The following states allow voluntary state income tax withholding (AL, AZ, CO, GA, ID, IL, IN, KY, LA, MD, MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WV, WI). In these states, if you indicate a state income tax withholding rate above, RSL will withhold the state income tax at the rate specified.
 - e. The following states do not allow state income tax withholding (AK, FL, HI, NH, NV, SD, TN, TX, WA, WY). In these states, state income tax will not be withheld regardless of the rate entered in the state tax withholding field above IRAs or Non-qualified annuity contracts.
To determine the state income withholding requirements for your resident state, please consult your tax advisor.
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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.
- 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 Reliance Standard 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, D, E, or F.

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 Percent of Benefit _____ • _____ %

First Name _____ M.I. _____ Last Name _____

Male Female Trust Birth/Trust Date (MM/DD/YYYY) ____ / ____ / ____

Street _____

City _____ State _____ Zip _____ - _____

SSN/TIN/EIN _____ Telephone _____ - _____ - _____

Relationship to Owner / Trustee name(s) if Trust _____

Primary **Contingent** Percent of Benefit _____ • _____ %

First Name _____ M.I. _____ Last Name _____

Male Female Trust Birth/Trust Date (MM/DD/YYYY) ____ / ____ / ____

Street _____

City _____ State _____ Zip _____ - _____

SSN/TIN/EIN _____ Telephone _____ - _____ - _____

Relationship to Owner / Trustee name(s) if Trust _____

Primary **Contingent** Percent of Benefit _____ • _____ %

First Name _____ M.I. _____ Last Name _____

Male Female Trust Birth/Trust Date (MM/DD/YYYY) ____ / ____ / ____

Street _____

City _____ State _____ Zip _____ - _____

SSN/TIN/EIN _____ Telephone _____ - _____ - _____

Relationship to Owner / Trustee name(s) if Trust _____

Primary **Contingent** Percent of Benefit _____ • _____ %

First Name _____ MI _____ Last Name _____

Male Female Trust Birth/Trust Date (MM/DD/YYYY) ____ / ____ / ____

Address is the same as above

Street _____

City _____ State _____ Zip _____ - _____

SSN/TIN/EIN _____ Telephone _____ - _____ - _____

Relationship to Owner / Trustee name(s) if Trust _____

(If adding more than 4 Beneficiaries, please use the "SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS" below.)

SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS

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 1-9 is complete and accurate to the best of my knowledge.
- I have read the applicable State Fraud Notice on Page 8.

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.

- Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
- The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary /Claimant*

Date of signature (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 _____

Signature of Beneficiary /Claimant*

Date of signature (MM/DD/YYYY) ____ / ____ / ____

Full Name and Title (please print)*

First Name _____ MI ____ Last Name _____

Note: To begin the claim process, please return pages 5 through 10.