

AMERICAN HERITAGE

Life Insurance Company

A Member of the Allstate Financial Group

Administrative Office:

P. O. Box 19085 • Greenville, SC 29602-9085

2000 Wade Hampton Blvd • Greenville, SC 29615-1064

Telephone: 800-880-1370 • Fax: 864-609-3444

CLAIMANT'S STATEMENT FOR ANNUITY PROCEEDS

1 DECEASED IDENTIFICATION *Include copy of certified death certificate.*

| | | |
|-----------------|---------------|-------------------|
| Name (First) | (Middle) | (Last) |
| Contract Number | Date of Death | Social Security # |

2 CLAIMANT IDENTIFICATION Each claimant must submit a separate claimant's statement.

| | | |
|--------------|----------|--|
| Name (First) | (Middle) | (Last) (Name of Trust or Estate, if applicable): |
|--------------|----------|--|

Are you a citizen of the United States of America? Yes No If **NO***, list country here _____
*and **attach** a copy of the **front and back** of your Permanent Resident Alien Card or Visa.

| | | |
|----------------------------------|---------------|---|
| Social Security # or Tax ID # | Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mailing Address (Street) | | |

| | | | |
|------|-------|-----|-------------------|
| City | State | Zip | Home Phone Number |
|------|-------|-----|-------------------|

| | |
|-------------------|--------------------------|
| Work Phone Number | Relationship to Deceased |
|-------------------|--------------------------|

3 ELECTION OPTIONS Elect one of the following options. Elections are irrevocable. You may wish to consult your tax or financial advisor before proceeding.

3A Lump Sum Payment (Select Withholding on page 3.)

3B Deferred Lump Sum Payment for up to 5 years from date of death. **(Not available on qualified contracts when Deceased Owner was over 70½)** Available on ROTH IRAs at any age. (Partial Withdrawals during the 5 yr deferral period are not allowed.)

Spousal Continuation **(Do not return contract. Spouse must be the sole designated beneficiary on the contract.)**

Partial Withdrawal of \$ _____ **(Select Withholding on page 3.)**

AS NEW OWNER, RECORD YOUR BENEFICIARY INFORMATION HERE:

| | | | |
|------------------------------------|--|-----|--|
| Name / Relationship of Beneficiary | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | SSN | |
|------------------------------------|--|-----|--|

| | | | |
|------------------------------------|--|-----|--|
| Name / Relationship of Beneficiary | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | SSN | |
|------------------------------------|--|-----|--|

If more than two beneficiaries, please use separate sheet of paper and attach to this form.

3c ADDITIONAL ELECTIONS FOR QUALIFIED CONTRACTS ONLY

Systematic withdrawals over life expectancy **(Name beneficiaries above. Select withholding on page 3.)**

You will receive one (1) automatic annual life expectancy payment during the fourth quarter of each calendar year. Payments will begin in the calendar year following the date of death. Additional partial withdrawals are permissible, upon your written request. Surrender charges are waived. No additional money may be added to the contract.

Trustee/Direct Transfer to: _____

You must be working in conjunction with a financial advisor to elect this option.

3D **TO ELECT AN ANNUITY INCOME OPTION, AND TO OBTAIN ANNUITY INCOME OPTION FORM, PLEASE CALL: 800-880-1370.** Must be elected and set-up within one year of the owner's date of death. After one year has past, this option is no longer available.

4 MAILING INSTRUCTIONS Send check to my address **OR** Send check to my financial institution:

| | | | |
|--|--------------------|-----------------------------|-----|
| Institution Name | Attention to | Deposit into Account Number | |
| Address | City | State | Zip |
| If you would like you check mailed directly to your bank within three business days of payment date: complete the following information: IMPORTANT – a voided check MUST be attached and the physical address of the bank. | | | |
| Bank Name and Address | | | |
| Bank Phone Number | Name(s) on Account | | |
| Bank ABA (Routing) Number | Account Number | | |

5 AFFIDAVIT OF LOST CONTRACT

I certify that the contract has been lost or destroyed and I have no knowledge of its whereabouts.
Said contract has not been assigned or pledged as security. Lost/Destroyed

6 FRAUD NOTIFICATION If the contract was issued in one of the following states, we are **required** to provide you with the following FRAUD WARNING:

Arizona law requires that any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties

Laws in **Arkansas** and **Louisiana** provide that any person who knowingly presents false or fraudulent claim for the 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 that the following appear on this form: Any person who knowingly presents 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 law provides that it is fraudulent to fill out his form with information you know to be false or to knowingly omit important facts. Criminal and/or Civil penalties can result from such acts. It is fraudulent for an insurance company or one of its representatives to knowingly provide false, misleading, or incomplete information to an insured Person or claimant regarding benefits payable or a claim settlement. Such acts shall be reported to the Colorado Division of Insurance/Department of Regulatory agencies.

District of Columbia law provides that 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 law provides that any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New Jersey law provides that any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York law provides that 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 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.

Oregon law provides that any person who knowingly and with intent to defraud or deceive, submits an application or files a claim containing materially false, misleading or incomplete information, or assists someone in doing so, may be guilty of insurance fraud, which is a crime.

Pennsylvania law provides that 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.

Laws in **Alaska, Delaware, Idaho, Indiana, Kentucky, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma,** and **Tennessee** provide that any person who knowingly, and with intent to defraud or deceive, submits an application or files a claim containing materially false, misleading or incomplete information, or assists someone in doing so, commits insurance fraud, which is a crime.

7 FEDERAL WITHHOLDING ELECTION FOR NON-PERIODIC DISTRIBUTIONS

No Withholding: I do NOT want federal income tax withheld. (Federal income tax will be withheld unless this box is checked.)

Withholding: I do want federal income tax withheld. Or, I want _____% withheld.(Minimum withholding is 10% of the taxable amount of the distribution. You may choose another percentage greater than 10%, but you may not select a dollar amount.)

A non-periodic distribution is any distribution made from an annuity contract that is not annuitized (including partial withdrawals and lump sum distributions). Distributions taken prior to an annuitization are considered to come from the earnings in the contract first. You may elect not to have federal income tax withheld from your distribution by contracting us. A withholding election will remain in effect until revoked, which you may do at any time. If you do not make payments of estimated tax, and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If the withholding section is left blank, or if the social security number or tax identification number is not provided, 10% of the taxable portion of the distribution will be withheld for partial withdrawals and lump sum distributions. Even if you elect not to have withholding apply, you are liable for the payment of federal income tax on the taxable portion of the distribution.

ME, OK, OR, VA and VT residents: If you choose to have federal income tax withheld, depending on the type of distribution, the laws of your state may require that state income tax be withheld.

IA residents: If you choose to have federal income tax withheld the laws of your state may require that state income tax be withheld. Please submit a dated and signed Form IA W-4P otherwise 5% of the taxable amount without exemptions will be withheld for state withholding.

KS residents: State income tax withholding is required only if federal income tax withholding is required. Federal income tax withholding is required when the withholding section is left blank, the social security number or tax identification number is not provided, or the distribution is an eligible rollover. If withholding status is not provided, state income tax will be withheld as if you were married with three allowances.

Marital Status: Single Married _____ Enter # of allowances

MA residents: If you choose to have federal income tax withheld the laws of your state may require that state income tax be withheld. You may file MA Withholding Exemption Certificate, Form M-4P, otherwise, MA withholding will be based on "0" exemptions.

CA and NC residents: If you choose to have federal income tax withheld, the laws of your state require that state income tax be withheld unless you specifically elect not to have state income tax withheld. **NC** residents subject to mandatory federal withholding (i.e. 20% on eligible rollover distributions) may not elect out of state withholding. You may contact us anytime to change or revoke your election. Do you want state income tax withheld? Yes No

CT, IN MO, MT, NE, NJ, NM, OR, UT, WI residents: You may elect to have state income tax withheld. (Oregon withholding required if federal tax withheld.) Do you want state income tax withheld? Yes No

If Yes, whole dollar amount to be withheld from each payment no less than \$10 (\$5 in WI). \$ _____

(CT residents may attach Form CT-W4P.)

If Yes for UT only, please provide the following: Marital Status Single Married _____ Enter # of allowances

We do not voluntarily withhold in states where state withholding is not required. Distributions from a plan qualified under Internal Revenue Code Section 401 or 403(b) may be subject to 20% withholding. If you request such a distribution, you will receive a notice outlining the applicable rules


8 CLAIMANT SIGNATURE

By making claim to these annuity proceeds. I declare that all the answers as recorded on the Claimant's Statement are true and complete to the best of my knowledge and belief. I have read the applicable fraud warning statement. The Company reserves the right to require, or obtain, further information should it be deemed necessary.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or i am waiting for a number to be issued), and
2. 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
3. I am a U.S. person (including U.S. resident alien).

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

| | | |
|---|--|--|
|  | | |
|---|--|--|

Signature of Claimant

Position represented:
Trustee(s) or Executor(s), if applicable

Date