



Name of Deceased _____

Policy #'s _____

P.O. Box 4884
Houston, TX 77210-4884

INDIVIDUAL ANNUITY – CLAIMANT STATEMENT
Before completing this statement, please read instructions carefully

INSTRUCTIONS:

1. This form must be executed by the person(s) to whom the proceeds are payable, if of legal age. Every question must be fully answered. If there is more than one beneficiary, each must execute a separate form.
2. When proceeds are payable to an estate, the Claimant's Statement must be executed by the Administrator or Executor and a certified copy of Letters of Administration or Letters Testamentary must be furnished.
3. When proceeds are payable to a minor, the Claimant's Statement must be executed by a guardian and a certified copy of Letters of Guardianship must be furnished.
4. If any part of the proceeds of a policy is payable to "children" or to others of a designated class, an affidavit must be furnished giving the name and date of birth of each and stating that the persons named in the affidavit constitute all of the class designated in the policy. If any have died, the affidavit must give the date and place of death.

DECEDENT	PLEASE PRINT OR TYPE RESPONSES
	<p>1. Full name of deceased: _____</p> <p>2. Full residence address at time of death: _____</p> <p>3. Date of Birth: _____ 4. Place of Birth: _____</p> <p>5. Date of Death: _____ 6. Place of Death: _____</p> <p>Note: Failure to provide this documentation along with the completed claimant's statement will cause delay in processing this claim.</p> <p>(A) Please send a certified copy of the Death Certificate</p> <p>(B) Return the original policy(ies) or a statement of lost policy. Check one: <input type="checkbox"/> Policy attached <input type="checkbox"/> Policy lost</p>
BENEFICIARY	PLEASE PRINT OR TYPE RESPONSES
	<p>1. Name of beneficiary: _____</p> <p>2. Full residence address: _____</p> <p>3. Date of Birth (if beneficiary is an individual): _____</p> <p>4. Home telephone number: _____ Business telephone number: _____</p> <p>5. Relationship to the deceased: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____</p> <p>6. Social Security Number (if beneficiary is an individual): _____</p> <p>7. Tax Identification Number(if beneficiary is a trust, estate or corporation): _____</p> <p>8. Indicate the type of settlement requested: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Five(5) Year Deferral <input type="checkbox"/> Optional Settlement _____</p>
FEDERAL TAX	<p style="text-align: center;">Note: Failure to complete this section will cause delay in processing this claim</p> <p><input type="checkbox"/> I hereby elect NOT to have Federal Income Tax withheld</p> <p><input type="checkbox"/> I authorize that \$ _____ be withheld for Federal Income Taxes</p> <p>Federal law requires us to send to the Internal Revenue Service 31% of any interest you may be entitled to unless you certify under penalties of perjury that you have shown your correct Taxpayer Identification Number and you have not been notified that you are subject to an Internal Revenue Service backup withholding order.</p> <p>Under penalties of perjury, I certify that:</p> <p>(1) The Social Security Number and/or Taxpayer Identification Number shown in the Beneficiary Information section is correct and</p> <p>(2) I <input type="checkbox"/> have <u>or</u> <input type="checkbox"/> have not been notified by the Internal Revenue Service that I am subject to a backup withholding order.</p>

I certify that the above statements are true and correct. I understand that the furnishing of forms by the Company does not constitute an admission that there is an annuity in force. **WARNING:** 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. I also certify that I have read my current residential state fraud warning on the attached Claim Fraud Warning page if my state is listed on that page.

Signature of Claimant: _____ Date: _____



STATE FRAUD WARNING NOTICES

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.
CALIFORNIA	For your protection, California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provide 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.
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 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.
MINNESOTA	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a 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 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 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 false, incomplete, or misleading information is guilty of a felony.
OREGON	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 material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
PUERTO RICO	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstance be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
TENNESSEE, VIRGINIA AND 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.