



Annuity Claim Form

WARNING

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Policy Information

Policy #: _____ Issue Date: / /

Owner Information

Full Name: _____ Date of Birth: / / SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Death: / / Place of Death: _____

Beneficiary Information

Full Name: _____ Relationship to insured: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: / /

Option Elected by Beneficiary

Lump sum withdrawal Payment continuation (SPIA) Inheritance continuation
Spousal continuation Trustee to Trustee transfer or 1035 exchange

Tax Withholding

I DO NOT want Federal Income Tax withheld.
I DO want to have Federal Income Tax withheld at a rate of 10% or higher rate indicated here _____.

- (1) REQUIRED DOCUMENTS: When submitting the claim please provide (1) this claim form, (2) death certificate, and (3) the original annuity policy or affidavit of lost policy.
- (2) For an annuity with multiple beneficiaries, have each beneficiary complete this form and include one copy of the other required documents.
- (3) The undersigned hereby authorizes the insurance company to request any information concerning the death of the insured that they may deem necessary. The undersigned hereby authorizes any physician or medical institution to provide such information when requested by the company.

Dated at: _____ This _____ day of _____

State of _____, County of: _____ Signed: _____

Sworn and subscribed before me on this _____ day of _____
_____ Notary My commission expires _____

(Seal)