



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 (SPDA)
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)