

SECTION 1: DECEDENT INFORMATION	
List Contract Numbers:	Decedent Name:
	<input type="checkbox"/> Death Certificate enclosed

SECTION 4: CLAIM OPTIONS - DESIGNATED BENEFICIARY Please Choose One
It is your responsibility to ensure that your withdrawals comply with the IRS rules and deadlines. You may want to consult a tax advisor for assistance.
<input type="checkbox"/> A. SPOUSAL CONTINUATION (Please also complete sections 7, 8, 9 and 11) Spouse must be the sole primary bene ciary.
<input type="checkbox"/> B. INHERITED STRETCH (Please also complete sections 7, 8, 9 and 11) Please complete the following: This <u>must</u> be elected and payments must begin <u>no later than one year from the date of the decedent's death</u> . I wish to begin receiving the stretch payments as set forth by the Internal Revenue code. Please begin distributions: _____ (Month) I wish to receive my distributions (select one): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually If no beginning distribution date is entered below we will default to ANNUAL distributions, starting in the TWELFTH MONTH following the decedent's date of death.

# Bene ciary Claim Form for Non-Quali ed Contracts

## SECTION 4: CLAIM OPTIONS - DESIGNATED BENEFICIARY Continued - Please Choose One

C. SETTLEMENT OPTION (Please also complete sections 6, 7, 8, 9 and 11)  
This election is irrevocable.

D. 5-YEAR DEFERRAL (Please also complete sections 7, 8, 9 and 11)  
Proceeds must be completely withdrawn within 5 years. Year 1 begins the date of the decedent's death.

E. LUMP-SUM PAYOUT (Please also complete sections 7, 8 and 11)

## SECTION 5: CLAIM OPTIONS - NON-INDIVIDUAL BENEFICIARY Please Choose One

It is your responsibility to ensure that your withdrawals comply with IRS rules and deadlines. You may want to consult a tax advisor for assistance.

A. SETTLEMENT OPTION (Please also complete sections 6, 7, 8, 9 and 11)  
This election is irrevocable, and a 5-year speci ed period is the only available option.

B. 5-YEAR DEFERRAL (Please also complete sections 7, 8, 9 and 11)  
Proceeds must be completely withdrawn within 5 years. Year 1 begins the date of the decedent's death.

C. LUMP-SUM PAYOUT (Please also complete sections 7, 8 and 11)

## SECTION 6: SELECTION OF SETTLEMENT OPTION BENEFITS (IRREVOCABLE)

Once annuity payments begin, this bene ciary claim option becomes irrevocable.

Installments for Speci ed Period Please note:  
 Designated bene ciaries cannot exceed their life expectancy.  
 Non-Individual bene ciaries can only elect a 5 year period.  
Death bene t paid in equal installments for duration of the speci ed period only. Upon your death, any remaining payments will be paid to your bene ciary.

The speci ed period shall be \_\_\_\_\_ years. (Minimum 5 years)

I wish to receive my distributions (select one)  Monthly  Quarterly  Semi-Annually  Annually

First payment to begin \_\_\_\_\_ (Month/Year)

Lifetime Income with  
Installments for Speci ed Period Please note: Only available to designated bene ciaries.  
Death bene t paid for the period of time you specify, and then for as long as you live. Upon your death, any remaining payments in the speci ed period will be paid to the bene ciary. The speci ed period cannot exceed your life expectancy.

The speci ed period shall be \_\_\_\_\_ years. (Minimum 5 years)

I wish to receive my distributions (select one)  Monthly  Quarterly  Semi-Annually  Annually

First payment to begin \_\_\_\_\_ (Month/Year)

# Bene ciary Claim Form for Non-Quali ed Contracts

## SECTION 7: TAX WITHHOLDING ELECTION

## SECTION 8: SUBSTITUTE IRS FORM W-9

Under penalties of perjury, I certify that:

1. My Social Security number or taxpayer identi cation number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as de ned in the W-9 instructions); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

Certi cation Instructions: You must cross out item 2 above if you have been noti ed by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certi cations 3 and 4 and complete and return to us the appropriate IRS documentation.

Are you a U.S. Citizen (or entity)?

Yes. No additional information is needed for this section.

No. Please complete the following (as required by the Internal Revenue Service):

- Cross out lines 3 and 4 above.
- Individuals: Complete Form W-8BEN (available on the Internal Revenue Service's website), and include the W-8BEN with this form.
- Entities: Please consult a quali ed tax advisor to determine and complete the appropriate W-8 form, and include the W-8 form with this form.

# Beneficiary Claim Form for Non-Qualified Contracts

**SECTION 9: BENEFICIARY DESIGNATION(S)**

Please complete this section unless you selected the Lump-Sum Payout. Percentages must total 100% per beneficiary type. If you do not designate a beneficiary, upon your death, any undistributed death benefit will be payable to your estate. If you do not provide an address for a beneficiary, we will assume they do not have an email address.

Beneficiary		<input type="radio"/> Primary <input type="radio"/> Contingent		Share %:	Relationship:	
(Pre x)	Legal Name (First)	(Middle)	(Last)	(Suf x)		
Trust or Entity Name:						
SSN/TIN:				DOB (mm/dd/yyyy):		
Mailing Address:			City:		State:	Zip Code:
Email:				Phone Number:		
Beneficiary		<input type="radio"/> Primary <input type="radio"/> Contingent		Share %:	Relationship:	
(Pre x)	Legal Name (First)	(Middle)	(Last)	(Suf x)		
Trust or Entity Name:						
SSN/TIN:				DOB (mm/dd/yyyy):		
Mailing Address:			City:		State:	Zip Code:
Email:				Phone Number:		
Beneficiary		<input type="radio"/> Primary <input type="radio"/> Contingent		Share %:	Relationship:	
(Pre x)	Legal Name (First)	(Middle)	(Last)	(Suf x)		
Trust or Entity Name:						
SSN/TIN:				DOB (mm/dd/yyyy):		
Mailing Address:			City:		State:	Zip Code:
Email:				Phone Number:		
Beneficiary		<input type="radio"/> Primary <input type="radio"/> Contingent		Share %:	Relationship:	
(Pre x)	Legal Name (First)	(Middle)	(Last)	(Suf x)		
Trust or Entity Name:						
SSN/TIN:				DOB (mm/dd/yyyy):		
Mailing Address:			City:		State:	Zip Code:
Email:				Phone Number:		

**SECTION 9: BENEFICIARY DESIGNATION(S)**


# Bene ciary Claim Form for Non-Quali ed Contracts

## SECTION10: FRAUD WARNING STATEMENTS

Alabama, Arkansas, Louisiana, New Mexico, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or bene t or who knowingly presents false information in an application for insurance is guilty of a crime any may be subject to restitution, nes, or con nement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company les 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 to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to nes and con nement 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, nes, denial of insurance, and damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading false information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with respect 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, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, les a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

D.C.: WARNING: 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 nes. In addition, an insurer may deny insurance bene ts, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer les a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person les a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the claim, commits a fraudulent insurance act, which is a crime.

Maine, 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, nes and denial of insurance bene ts.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or bene t or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to nes and con nement in prison.

Minnesota: A person who les 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, les a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

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



# Bene ciary Claim Form for Non-Quali ed Contracts

## STATE SPECIFIC INSTRUCTIONS:

Arizona residents: If you want to have Arizona taxes withheld, you must submit Form A-4P.

Arkansas residents: We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form AR4P.

Connecticut residents: We are required to withhold state income tax from the taxable portion of your distribution on a full surrender. Connecticut does not allow taxpayers to elect out of withholding on full surrenders. We are required to withhold state income tax from the taxable portion of all other distributions, unless you elect not to withhold using Form CT-W4P.

District of Columbia residents: We are required to withhold state income tax from the taxable portion of your distribution on a full surrender from a quali ed plan (i.e. all contracts other than non-quali ed contracts). The District of Columbia does not allow taxpayers to elect out of withholding on full surrenders from quali ed plans.

Georgia residents: If you want to elect not to withhold state income tax, submit Form G-4P.

Michigan residents: If you were born after 1945, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form MI W-4P.

New York residents: If you want to have New York state taxes withheld, submit Form IT-2104-P.

North Carolina residents: We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form NC-4P.

Please consult a tax advisor for more information on withholding requirements for your state.