

# Life proof of death claimant's statement



**VERY IMPORTANT: Before completing this statement, please read all instructions on the instruction page.  
A death certificate with a cause and manner of death is required when filing a claim. Please return all pages of this form.**

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. Such person may be subject to fines and/or confinement in prison.

## 1. Policy number(s)

List policy number(s)		

## 2. Deceased's information

Deceased's full name

## 3. Claimant information — Each beneficiary must complete their own Claimant's Statement

Claimant's full name	Date of birth (mm/dd/yyyy)	Relationship to deceased
Address		Social Security number or Tax identification number
City, State, ZIP		State of residence
Email address		Daytime phone number

## 4. Settlement options (choose only one option)

- Lump sum via check**
- Lump sum via Automated Clearing House (ACH)** – If electing the ACH, the ACH information found on page 2 is required to be completed in full.
- Lump sum via an Access Account** – (refer to the retained asset account notice to determine if this election is available) — Review the Access account flyer (14446Z)\* that is included in the death claim kit for additional information (minimum amount \$15,000). Complete section 5 to name a Beneficiary(ies) to receive the Policy proceeds in the event of your death.
- Interest Option** – Proceeds left on deposit at interest. If this option is elected the Beneficiary Designation section on the bottom of Page 2 must be completed.
- Installment Option** – Installments of a specified amount or for a specified length of time. If this option is elected the Beneficiary Designation section on the bottom of Page 2 must be completed.
- Life Income Option** – Installments providing a life income. If this option is elected the Beneficiary Designation section on the bottom of Page 2 must be completed.

If you would like information regarding the Settlement Options available please contact the Claims and Benefits Department.

Please reference your letter to determine if an original or copy of a death certificate is required. Original death certificates submitted are not returned. Please contact us immediately following submission if you have any concerns.

**Signature of the Beneficiary and date signed is required on page three of the  
Proof of Death Claimant's Statement. Please refer to page three.**



\*O-2818-1\*

If electing Lump Sum via ACH (Direct Deposit), the following section needs to be completed in full. By signing below and providing a voided check, you elect to have your payment sent ACH.

- Checking Account** – A voided check with a pre-printed name is required. Starter checks and deposit slips are not accepted. A bank letter can also be submitted. Provide a letter on your bank’s letterhead, signed by a bank official, with your name, account number, and routing number.
- Savings Account** – A bank letter is required. Please provide a letter on your bank’s letterhead signed by a bank official, with your name, account number and routing number.

I authorize you and the financial institution indicated on my attached voided check to automatically deposit my life death distribution. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to Midland National the corrected amount. This authorization will remain in effect until I have canceled in writing.

**Note: If supporting documentation is not received or not in good order, claim payment will not be delayed. A paper check will be issued for incomplete ACH requests.**

Routing Number	Account Number
Bank Name	Address
	Phone number

**All financial institution account holders must sign.**

Signature of account holder	Date (mm/dd/yyyy)
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**Please include a voided check**

**5. Beneficiary designation**

If a settlement option other than lump sum via check or lump sum via ACH was elected this section must be completed in full. Please complete all fields for each beneficiary that you are designating to ensure benefits are provided to your beneficiary. If additional space is needed, please attach a separate sheet of paper with the designation that also includes the policy number, date and signature.

If a Trust Beneficiary is designated the Certification of trust form (L-3172A)\* will need to be submitted to our office. Complete all fields for each Beneficiary that you are designating to ensure benefits are provided to your Beneficiary. **Percentages must be listed and fractions are not accepted. Percentage of proceeds must equal 100%.** If additional space is needed, please attach a separate sheet of paper with the designation that also includes the Contract number and your signature.

Name	Beneficiary type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Email address	Daytime phone number	

Name	Beneficiary type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Email address	Daytime phone number	

Name	Beneficiary type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Email address	Daytime phone number	

## 6. Signature verification

I/We do hereby make claim to said insurance, declare that the answers recorded below are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

### Under penalty of perjury, I certify that:

1. The tax ID number I have entered above is correct – or I am waiting for a number to be issued to me; 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 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. citizen or other U.S. person (all foreign individuals/organizations must complete a W-8 BEN)

Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

**Elections made on this claimant statement are a full and final settlement once proceeds have been processed.**

Signature of claimant	Current date (mm/dd/yyyy)
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**Note: Please return all pages of this form.**