

Foreign death questionnaire - Annuity death claim



P.O. Box 14432, Des Moines, IA 50306-3432

To be completed when death occurs outside of the United States.

Deceased information

Name of deceased (first, middle initial, last)

Contract number(s)

Address in the U.S. - if applicable (street, city, state, ZIP)

Date of birth

Place of birth

U.S. citizen Yes No

If no, provide citizenship

Social Security number

Travel information

Date deceased left USA (mm/dd/yyyy)

Intended duration of trip

Details of death

Foreign address at time of death

Place of death

Date and time of death

Manner of death: Natural Accident Suicide Homicide Undetermined Pending

Name, address, phone number of physician certifying death

Autopsy performed? Yes No

Post mortem or inquest performed? Yes No

U.S. Embassy or Consulate contacted?

If yes, give details

Please send any of the documents available:

- Visa
- Airline tickets (To/From U.S.)
- Passport
- Original death certificate
- Obituary
- Birth certificate
- Burial permit
- Police report
- Report of death of American citizen from U.S. Embassy (required if U.S. citizen)

Personal information of claimant/beneficiary

Name (first, middle initial, last)

Address (street, city, state, ZIP)

Date of birth (mm/dd/yyyy)

Place of birth

U.S. citizen Yes No

If no, provide citizenship

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

I hereby certify that the above information is correct and declare that all answers as above recorded are complete and true and agree that the furnishing of this additional, supplemental information shall not constitute an admission of liability nor a waiver of any of the company's rights and defenses.

I certify, under penalty of perjury, the following is my correct:

Social Security number

or

Tax identification number

Printed name of claimant

Witness

Signature of claimant

Date signed (mm/dd/yyyy)