



Annuity

North American Company
for Life and Health Insurance

Instructions for Completing Proof of Death Claimant's Statement

We have prepared this claim kit to assist you in filing a claim for annuity death benefits. It is important that we receive all of the information requested.

Death Claim Document Requirements - The following documents are required to file a claim.

- **A Certified Death Certificate** - with cause of Death and must include raised seal. Photocopies are not acceptable.
- The **Original Contract**, or if unavailable, please see Part 2 of the Annuity Claimant Statement (Not required if a Spousal Continuance Option is elected.)
- A completed **Annuity Proof of Death Claimant Statement** (14497Z).
- Any additional requirements listed below, or requested by us.

Special Instructions and Additional Requirements

- If the proceeds are payable to the **Estate**, the executor or administrator of the deceased's estate must complete the annuity claimant statement. A **Court Certificate of Appointment** is required.
- If the proceeds are payable to a **Trust**, a completed **Certification of Trust** form (10112Z) is required. For questions on how to complete this form, please consult your legal advisor or trust preparer.
- If the proceeds are payable to a **minor or incompetent beneficiary**, the guardian of the estate of the minor or incompetent beneficiary must complete the annuity claimant statement. A **Court Certificate of Appointment** is required.
- If the proceeds are payable to a beneficiary with a **Power of Attorney** and the Power of Attorney completes the claimant statement, a copy of the **appointment paper** is required.
- **If a beneficiary is deceased**, a certified death certificate is required.
- If the **death occurred outside of the United States**, the official death certificate issued in the country where the death occurred and a completed **Foreign Death Questionnaire** form (14337Z) are required.
- If the beneficiary designation is **surviving children**, a completed and notarized **Affidavit of Surviving Children** form (11734Z) is required.
- If required by state regulations, a **state tax consent form**.
- If the proceeds are payable to a **beneficiary who is not a U.S. Citizen**, a IRS W-8BEN form is required. Please contact the IRS for help on how to complete this form.
- If the **claimant's name is different** than what was listed by the owner, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.)

If you have questions, need assistance on how to complete a form, or you need additional forms that were not included in the claim kit, please call us toll-free at **877-880-6367**. We are available Monday through Thursday from 7:30 am to 5:00 pm (CST) and Friday from 7:30 am to 12:30 pm (CST). A service professional will be happy to take your important call.

Our mailing address is:

North American Company for Life and Health Insurance®
Annuity Service Center
PO Box 79905
Des Moines, IA 50325-0905

Our overnight mailing address is:

North American Company for Life and Health Insurance®
Annuity Service Center
4350 Westown Parkway
West Des Moines, IA 50266

ANNUITY PROOF OF DEATH CLAIMANT'S STATEMENT

Claims Questions: 1-877-880-6367 • Fax:1-877-586-0249

Very Important: Before completing this statement, please read all instructions on the instruction page.

**A Certified Death Certificate with a cause and manner of death along with a raised seal is required when filing a claim.
Photocopies are not acceptable.**

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.

PART ONE - Policy Number(s)

| |
|-------------------------|
| List Contract Number(s) |
| _____ |
| _____ |
| _____ |

PART TWO - Decedent Information

| |
|----------------------|
| Deceased's Full Name |
| _____ |

PART THREE - Claimant Information

| | | |
|---|-----------------------------------|-----------------------------|
| Claimant's Full Name | Date of Birth (mm/dd/yyyy) / / | Relationship to Deceased |
| Address | | Social Security Number |
| City, State, Zip | | State of Residence |
| In what capacity do you file this claim? <input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Executor of Estate <input type="checkbox"/> Other | | Daytime Phone Number () |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please list country in which you are a citizen: _____ | | |

PART FOUR - Settlement Options (Please choose only one option)

A. Settlement Option - Spousal Continuance

Available only if you are the deceased owner's spouse and the sole owner's primary beneficiary. By choosing the spousal continuation option you will become the new owner of the contract and will be entitled to all benefits available under the contract. Please review the brochure titled Spousal Continuance Brochure (14765Z) included in the death claim kit for additional information. You also need to name a beneficiary(ies) to receive the contract proceeds in the event of your death. If additional space is needed, please attach a separate sheet of paper with the designation that also includes the policy number and your signature.

| | | |
|------------------------|-------------------------------|---------------------|
| Primary Beneficiary | Date Of Birth (mm/dd/yyyy) | Relationship |
| Address | Social Security Number / / | Percent of Proceeds |
| City, State, Zip | | |
| Contingent Beneficiary | Date Of Birth (mm/dd/yyyy) | Relationship |
| Address | Social Security Number / / | Percent of Proceeds |
| City, State, Zip | | |

B. Settlement Option - Lump Sum Payment

If the contract was an immediate annuity or an annuitized contract it is in a payout phase, this option is not available.

Lump sum via Automated Clearing House (ACH) **NEW

Lump sum via check

Lump sum via an Access Account - Please review the North American Access Account Brochure (14446Z) that is included in the death claim kit for additional information (Minimum amount \$15,000).

* If Settlement Option of Lump Sum Payment is chosen but a preferred method of distribution is not selected the distribution will be sent via check.

C. Settlement Option - Inherited IRA/Multi-Generational Distribution Option (MGDO)

Available only if the contract is a Traditional IRA, SEP IRA, Roth IRA, or TSA. Not available if you are a spouse of the deceased and the sole beneficiary.

If contracts proceeds are being placed in a contract with North American, New Business paperwork must be received and be in good order prior to our making payment.

If contract proceeds are being placed with another company, a transfer form and letter of acceptance are required.

D. Settlement Option - Annuity Payment Plan

Life Annuity - Proceeds paid in equal installments for your lifetime. Upon your death, payments cease. (Please complete the enclosed Life Only Disclaimer Statement (8968Z) and send a copy of your birth certificate or driver's license).

Payment Frequency (check one): Monthly* Quarterly Semi-Annually Annually

*If monthly mode is selected, the method of payment must be ACH (Automated Clearing House)

Life Annuity with Period Certain - Proceeds paid in equal installments for guaranteed number of payments, and then for as long as you are living. Upon your death, but prior to the end of the Period Certain, your estate will continue to receive the remaining payments. Upon your death, but after the Period Certain, payments cease. (Please send a copy of your birth certificate or driver's license).

Number of Years: _____ (minimum of 5 years)

Payment Frequency (check one): Monthly* Quarterly Semi-Annually Annually

*If monthly mode is selected, the method of payment must be ACH (Automated Clearing House)

Settlement Options Continued

- Income for a Specified Amount** - Proceeds paid as a specified amount until the principal and interest are exhausted. Upon your death, your estate will continue to receive any remaining principal and interest.

Amount: _____ (minimum payout length is five years)

Payment Frequency (check one): Monthly* Quarterly Semi-Annually Annually

**If monthly mode is selected, the method of payment must be ACH (Automated Clearing House)*

- Income for Specified Period** - Proceeds paid in equal installments for a specific number of years. Upon your death any remaining payments will be paid to your estate.

Number of Years: _____ (minimum of 5 years)

Payment Frequency (check one): Monthly* Quarterly Semi-Annually Annually

**If monthly mode is selected, the method of payment must be ACH (Automated Clearing House)*

PART FIVE - Hold Harmless Agreement

The undersigned claimant agrees to hold harmless and indemnify the Company and its subsidiaries and affiliates, and all its officers, directors, employees and legal representatives (together referred to as the "Company") from and against any and all liabilities, claims, damages, causes of action, costs and expenses (including without limitation legal expenses, settlement costs, and reasonable attorney's fees) arising from the Company's payment of the death claim proceeds to the Beneficiary in connection with the annuity contract for which this claim is made.

PART SIX - Signature Verification

Important information about the USA Patriot Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA Patriot Act, which requires banks, including the bank we utilize for your Access Account, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank.

In order to comply with the USA Patriot Act, we must verify the name, address (no P.O. Boxes), date of birth and social security number or other tax identification number of all Access Account owners.

We are required, for Federal income tax purposes, to withhold 10% of the taxable gain in your claim payment unless you indicate below that you do not want Federal income taxes withheld. In addition, certain states require that you have state income tax withheld if you have Federal income tax withheld from your claim.

I do NOT want Federal income tax withheld, or

I want _____ % or \$ _____ withheld for Federal income tax purposes (choose either a percent or flat amount, but not both).

I want _____ % or \$ _____ withheld for State income tax purposes (choose either a percent or flat amount, but not both).

For residents of Montana: If withholding is elected, a flat dollar amount must be indicated above.



If electing the Lump sum via ACH or Annuity Payment Plan as your settlement option, by signing below and providing a voided check you elect to have your payment sent ACH. If you leave blank for Annuity Payment Election you will receive a paper check. Please note that if you are selecting a monthly mode that electronic funds transfer is required.

- Check ACH (Automated Clearing House)
- Checking Account** – A voided check with a pre-printed name is required. Starter checks and deposit slips are not accepted.
- 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 annuity death distribution. Should an inappropriate deposit be made, the Financial Institution is authorized to make debit entries to my account and return to North American the corrected amount. This authorization will remain in effect until I have cancelled in writing.

*** 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 owner’s must sign.

| | |
|--------------------|-------------------|
| Signature of Owner | Date (mm/dd/yyyy) |
|--------------------|-------------------|

| | |
|--------------------------|-------------------|
| Signature of Joint-Owner | Date (mm/dd/yyyy) |
|--------------------------|-------------------|

Please attach a copy of the voided check to a separate sheet of paper and include with this form.

I/We do hereby make claim to said insurance, declare that the answers recorded above 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 is correct (in section 3) – 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.

| | |
|--------------------------|---|
| Printed Name of Claimant | Social Security Number |
| Signature of Claimant | Current Date (mm/dd/yyyy) / / |

Claims Fraud Warnings – State Variations

| State | Variation |
|---|---|
| Alabama | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. |
| Alaska | “A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.” |
| Arkansas/Kentucky/ Maine/Michigan/ New Mexico/Ohio/ Oklahoma/Tennessee | “Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime. Penalties may include imprisonment, fines and denial of insurance benefits.” |
| Arizona | For your protection Arizona law required 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 claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.” |
| Colorado | “It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company, agent or registered representative of an insurance company who knowingly provides a false, incomplete, or misleading fact or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard 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, files a statement of a claim containing any false, incomplete or misleading information is guilty of a felony.” |
| District of Columbia | “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 fines. In addition, an insurer may deny insurance benefits, 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, files a statement of claim or any application containing any false, incomplete or misleading information is guilty of a felony of the third degree.” |
| Hawaii | “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.” |
| Louisiana/Rhode Island | “Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |

Claims Fraud Warnings – State Variations

| State | Variation |
|---------------|---|
| Maryland | “Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |
| Minnesota | “A person who submits an application or files 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, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.” |
| New Jersey | “Any person who knowingly makes an application for insurance coverage containing any false or misleading information is subject to criminal and civil penalties.” |
| New York | “Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance or 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.” |
| Oregon | “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.” |
| Pennsylvania | “Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.” |
| Puerto Rico | “Any person who knowingly, and with intent to defraud presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine not less than five thousand (5,000) dollars nor, more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.” |
| Texas | “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.” |
| Virginia | “Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.” |
| 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, fines, and denial of insurance benefits.” |
| West Virginia | “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |