



PROOF OF DEATH CLAIMANT'S STATEMENT

Claims Questions: 1-800-733-2524 Ext. 32063 • Fax: (877) 841-6706

VERY IMPORTANT: BEFORE COMPLETING THIS STATEMENT, PLEASE READ ALL INSTRUCTIONS

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.

NOTE: 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 – To be completed in full.

| | |
|----------------------------------|------------------------|
| Name of Deceased (Print in Full) | Policy/Contract Number |
|----------------------------------|------------------------|

BENEFICIARY SECTION – Each beneficiary must complete their own Claimant's Statement.

| | | |
|---|--|--|
| Name of Beneficiary (Print in full) | Date of Birth (MM/DD/YYYY) / / | Your Relationship to Deceased |
| 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 _____ | | |
| Address | | Telephone Number(s) Home: () - |
| City, State, Zip | | Cell: () - |
| Beneficiary's Social Security Number | Tax Identification Number if the beneficiary is an Employer/Corporation/Trust/Estate | |

SETTLEMENT OPTION – LUMP SUM PAYMENT

- Lump sum via check**
- Lump sum via ACH (Direct Deposit)** – If electing the ACH, the ACH information found on page 2 is required to be completed in full.
- Lump sum via an Access Account** – Please review brochure titled Midland Access Account included in the death claim kit for additional information (minimum amount \$15,000). If selected and this option is not available, funds will be paid via a check. If this option is elected the Beneficiary Designation section on the bottom of Page 2 must be completed. Please refer to the Retained Asset Account Notice to determine if this election is available.
- Interest Option** – Installments of interest will be made over the time period as specified in the contract. 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 indicate by checking one of the boxes if you would like the original death certificate to be returned to you. If no box is checked that death certificate will not be returned. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Signature of the Beneficiary and date signed is required on page three of the

If electing Lump Sum via ACH (Direct Deposit), the following section needs to be completed in full.

- Checking Account** – A copy of 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.

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

If electing lump sum via ACH (Direct Deposit) you are authorizing the company and the financial institution indicated on the attached voided check to automatically deposit the death benefit distribution. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to the account and return to Midland National the corrected amount. This authorization will remain in effect until you have cancelled in writing.

Bank Information

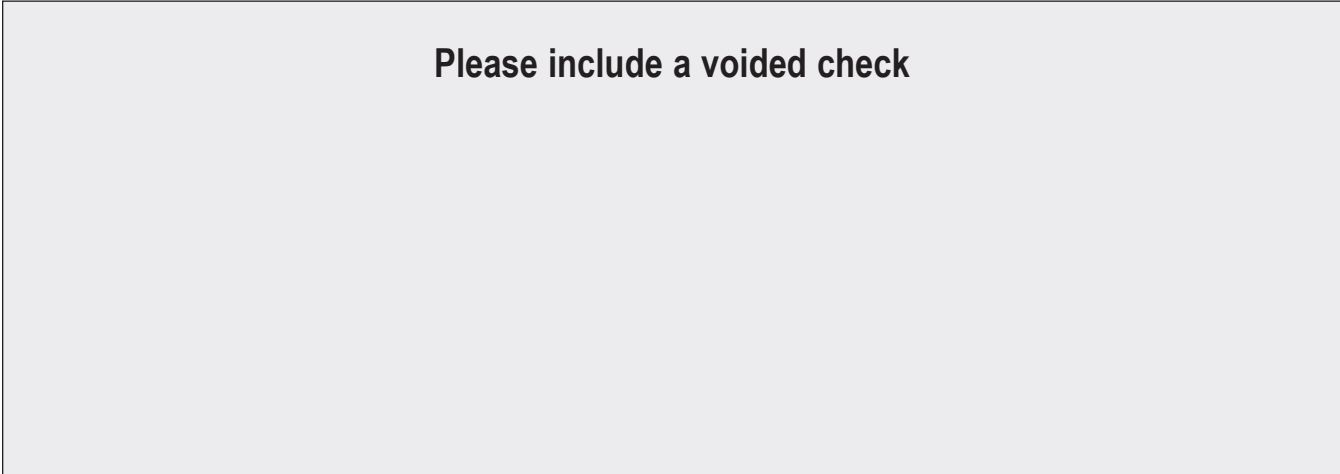
Bank Name: _____ Bank Phone _____

Bank Address: _____

Routing Number: _____ Account Number: _____

The Financial Institution account owner must sign.

| | |
|---------------------------|---------------------------------|
| Account Owner’s Signature | Joint Account Owner’s Signature |
|---------------------------|---------------------------------|



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.

| | | |
|---|----------------------------------|-------------------------------|
| Beneficiary Type: Primary Contingent (circle one) | Date of Birth (mm/dd/yy)* / / | Relationship* |
| Address | Social Security Number | Percentage of Proceeds () |
| City, State, Zip | | Daytime Phone Number |
| Beneficiary Type: Primary Contingent (circle one) | Date of Birth (mm/dd/yy)* / / | Relationship* |
| Address | Social Security Number | Percentage of Proceeds () |
| City, State, Zip | | Daytime Phone Number |

Signature of the Beneficiary and date signed is required below.

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.

| | |
|---|------|
| Beneficiary/Payee Signature (Original Signature Required) | Date |
|---|------|