

Foreign death questionnaire - Annuity death claim



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

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

Deceased information

Name of deceased (first, middle initial, last)

Policy/Contract number(s)

Address in the U.S. - if applicable (Street, City, State, ZIP)

Date of birth (mm/dd/yyyy)

Place of birth

U.S. citizen ☐ Yes ☐ No

If no, provide citizenship (country)

Social Security number

Travel information

Date deceased left U.S. (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 <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, provide citizenship (country) |

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.

CA Residents: 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 fines and confinement in state prison.

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) |