Instructions for completing proof of death claimant's statement

We have prepared this claim kit to assist you in filing a claim for death benefits. It is important that we receive all of the information requested. **All applicable pages of this form must be returned for acceptance.**

Death claim document requirements - The following documents are required to file a claim.

- A **death certificate**. With cause and manner of death. If there are multiple beneficiaries on a contract, only one beneficiary needs to supply. A copy of the death certificate is acceptable if the total amount of all claims is less than $500,000 and death occurred within the United States. The company reserves the right to require an original death certificate. Original death certificates submitted are not returned.
- A completed **Life proof of death claimant's statement** (O-2818-1)*.
- **We are unable to accept a form with whiteout.** If an error occurs, correct the error, initial and date by the change.
- Any additional requirements listed below, or requested by us.

Special instructions and additional requirements

- **Assignments for funeral expenses** require a signed assignment form (supplied by the funeral home) and an itemized copy of the funeral bill. If there are multiple beneficiaries, each beneficiary is required to sign an assignment form. A separate check for the amount of the assignment will be mailed directly to the funeral home.
- When **no beneficiary is named**, or if no beneficiary survives the insured, the proceeds are payable to the **Estate** of the insured or policyowner in accordance with the policy provisions. If the proceeds are payable to the **estate**, the executor or administrator of the deceased's estate must complete the Life claimant statement. A **Court certificate of appointment** is required. Also, a separate Tax Identification number for the Estate is required. A decedent and their Estate are considered separate taxable entities and therefore the Estate will need to apply for a Tax Identification number of Employer Identification number (EIN). Please consult your tax advisor for additional tax filing questions.
- If the proceeds are payable to a **trust**, a completed **Certification of trust** form (L-3172A)* is required. For questions on how to complete this form, please consult your legal advisor or trust preparer. For questions on how to complete this form, consult your legal advisor or trust preparer. Generation-Skipping Transfer Tax Release form (O-2797)* is required when proceeds are payable to the Trust equals or exceeds $250,000.00, this form must be notarized.
- 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 Legal Guardianship is not established, the Company will hold the proceeds, at interest, until the minor reaches the age of majority.
- If the proceeds are payable to a beneficiary with a **power of attorney** and the **attorney-in-fact** completes the claimant statement, completion of the **Certificate of power of attorney** form (O-2876)* is required. If the beneficiary is unable to sign, please include the full power of attorney document and explanation as to why the beneficiary is unable to sign the Certificate of power of attorney.
- **If a beneficiary is deceased**, a death certificate is required.
- When the named beneficiary is a **business, corporation, or organization**, the original signature of an authorized representative is required. A copy of the corporate resolution showing authorized party to sign on behalf the business, corporation or organization 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 (O-2796)*, a **Report of Death of an American Citizen, Part Two of the Claimant's Statement** form (O-2818-2)* and a **HIPAA Authorization** form (O-2722C)* are also required.
- If the beneficiary designation is surviving children, a completed and notarized **Affidavit of surviving children** form (O-2794)* is required from one surviving child.
- 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.).
- **Contestable Claims** (when the death has occurred within the first two years of the policy contract date, reinstatement, increase of coverage, or change of class). In addition to the other claim documents, **Part Two of the Claimant's Statement** form (O-2818-2)* and a **Claim HIPAA Authorization** form (O-2722C)* are required.
- **Accidental Death Benefits** (if the policy provides additional benefits for accidental death). In addition to the other claim documents, **Part Two of the Claimant's Statement** form (O-2818-2C)* and a **Claim HIPAA Authorization** form (O-2722C)* are required. Please provide copies of the accident report and/or police incident report, newspaper clippings, or any other documentation regarding the accident or incident if available.

*We invite you to visit our website at **NorthAmericanCompany.com/life-claim-forms** for helpful brochures that provide additional information on settlement options that may be available to you, frequently asked questions about the claim process and electronic versions of the claims forms. Copies of the documents found on our website can be obtained by calling our claims department at the number listed below. If you have questions or need assistance on how to complete a form please call us toll-free at **800-733-2524**. We are available Monday through Thursday from 7:30 a.m. to 5:00 p.m. (central time) and Friday from 7:30 a.m. to 12:30 p.m. (central time). A service professional will be happy to take your important call.

Our mailing address is:
North American Company for Life and Health Insurance®
Life Division
P.O. Box 5088
Sioux Falls, SD 57117

Our overnight mailing address is:
North American Company for Life and Health Insurance®
Life Division
One Sammons Plaza
Sioux Falls, SD 57193

O2816-2

Life proof of death claimant's statement

Clear Form | Clear Kit

NORTH AMERICAN®

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 applicable pages.

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

3a. Claimant information: Individual — 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
City, State, ZIP		State of residence
Email address		Daytime phone number

3b. Claimant information: Trust, estate, or other entity — Refer to the instructions page of this form for additional requirements.

Trust/Estate/Entity Name	Trust Date (mm/dd/yyyy)
Trust/Estate/Entity Address	Trust/Estate/Entity Tax Identification Number (TIN)
Trust/Estate/Entity City, State, ZIP	Entity Residence State
Trustee/Executor Name(s)	Trustee/Executor Daytime phone number

O-2818-1

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, please contact the Claims and Benefits Department.

If electing ACH, signature of the beneficiary and date signed is required on page two and page five of the Proof of Death Claimant's Statement.

If electing Lump Sum via ACH (Direct Deposit), the following section needs to be completed in full. Please indicate checking or savings. 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: Attach a voided check or signed bank letter to a separate sheet and submit with this form. Incomplete documentation will result in issuing a paper check instead of delaying claim payment of 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)

Please enclose 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	Beneficary type: ☐ Primary ☐ Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per stirpes ☐ Per capita
Email address		Daytime phone number

Name	Beneficary type: ☐ Primary ☐ Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per stirpes ☐ Per capita
Email address		Daytime phone number

Name	Beneficary type: ☐ Primary ☐ Contingent	Relationship
Mailing address	Social Security Number	Percentage of proceeds
City, State, ZIP	Date of birth (mm/dd/yyyy)	☐ Per stirpes ☐ Per capita
Email address		Daytime phone number

Trust Name	Trustee Name	Beneficiary Type ☐ Primary ☐ Contingent
Trust TIN	Trustee Social Security Number (SSN)	Percentage of proceeds
Trust effective date (mm/dd/yyyy)	Trustee date of birth (mm/dd/yyyy)	Trust email address
Trustee mailing address (Street Address, City, State, ZIP)		Trustee daytime phone number

6. Fraud notices (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/District of Columbia/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 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 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."
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 or agent of an insurance company who knowingly provides false, incomplete, or misleading fact of 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."
Florida	"Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an 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/Maryland/ 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."
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."
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."
Virginia	"Any person who knowingly, and 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."

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.

The Trustee(s) agree to release, indemnify and hold harmless the Company, its officers, employees, agents/representatives, and affiliates from and against all claims arising out of the sale or administration of the product to the Trust. The Trustee(s) certify that the product is suitable for the purposes of the trust and does not impair the rights of the trust beneficiaries. The Trustee(s) acknowledge that the company has not provided any tax, legal or financial advice and is not authorized to recommend or sell Trusts and any Trust recommendation has been provided by an independent tax, legal or financial advisor. The Company will issue and administer the Contract based solely upon the representations made by the Trustee(s) and that any consequence of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustee(s).

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)

Note: If completing this form for a trust, estate, or entity, include your title next to your signature (e.g., Jane Doe, Trustee).

Note: Your signature must be a wet signature. We do not accept electronic signatures.

Please return all applicable pages of this form.