

ANNUITY CLAIMANT STATEMENT**Section 1. GENERAL INSTRUCTIONS**

Please sign and return the completed form along with a copy of the Certified Death Certificate for the deceased and the original contract or certificate to:

Reliance Standard Life Insurance Company

Attn: Annuity Claims

2001 Market Street, Suite 1500

Philadelphia, PA 19103

(800) 351-7500

(Please see last page for more detailed instructions.)

Section 2. POLICY INFORMATION:

Owner Name		Policy Number
Owner Address (No., Street, City, State, Zip)		
Social Security Number	Marital Status	Date of Death

Section 3. BENEFICIARY INFORMATION:

Full Legal Beneficiary Name		Home Telephone
		Work Telephone
Beneficiary Address (No., Street, City, State, Zip)		
Social Security Number	Date of Birth	Relationship to Owner

Section 4. SETTLEMENT OPTIONS (please check one):☐ **Settlement Option I – Spousal Continuation**

Available if the Beneficiary was the deceased Owner's spouse or was the Joint Owner. RSL will issue a Change of Ownership form.

Social Security Number:

Date of Birth:

☐ **Settlement Option II – Lump Sum Payment to Beneficiary**☐ **Settlement Option III – Annuity Payments**

Annuity Payments in Accordance with the Settlement Options Section of the Annuity Policy

☐ Single Life Annuity*☐ Life Annuity with ____ Years Period Certain*☐ Period Certain ____ Years☐ Joint and Survivor % ____ to Survivor*☐ Other: _____

*Please submit a copy of your birth certificate.

☐ **Settlement Option IV – Life Expectancy**

Withdraw Annuity Payments over my Life Expectancy. Payments must begin no later than one year following the Owner's death. Payments will be sent to the address shown above (in Section 3).

☐ **Settlement Option V – Five (5) Year Payout**

Continue policy with the understanding that the policy proceeds must be withdrawn no later than the fifth anniversary of the Owner's death.

Section 5. WITHHOLDING INFORMATION (Federal Income Tax):

The distribution you receive from Reliance Standard Life Insurance Company is subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal income tax. You may or may not elect to have withholding apply to your distribution or withdrawal payment by checking the appropriate space below and returning this form to us. If you elect not to have withholding apply to your distribution or withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Under Penalty of Perjury, I certify that the tax payer identification number shown below is correct and I am not subject to backup withholding as a result of or failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Name	Social Security Number / Tax I.D. #
Address	
Signature of Claimant	Date

- ☐ I Do Not Want Federal Tax Withheld
☐ I Want Federal Income Tax Withheld

Section 6. LOST POLICY STATEMENT:

The current policy/contract is: (check the appropriate box)

- ☐ Enclosed
☐ Lost or Destroyed – I/we certify that the above referenced contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Section 7. REQUIRED SIGNATURES:

These statements (sections 1 through 7) are true and correct to the best of our knowledge, and I/we agree that Reliance Standard Life Insurance Company may rely upon them as part of the required Proofs of Death under the referenced policy and that by merely furnishing forms for the submission of such proofs no liability is admitted.

Any person who knowingly and with intent to injure, defraud or deceive Reliance Standard Life Insurance Company, files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will cooperate fully with any prosecution and will seek any and all appropriate legal remedies.

By signing this form the claimant has read and agrees with the terms of the statement as well as any accompanying information.

Claimant's Signature	Date
Witness' Signature	Date

FRAUD WARNINGS

Alaska Fraud Warning: A person who knowingly and with intent to injure, defraud or deceive an insurance company, files a claim containing a false, incomplete, or misleading information is guilty of a felony.

Arizona Fraud Warning: For your protection, Arizona Law requires 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.

Arkansas Fraud Warning: Any person who 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 state prison.

California Fraud Warning: For your protection, California Law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning: It is unlawful to knowingly provide false, incomplete or misleading facts or 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 facts 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 Fraud Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Florida Fraud Warning: 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.

Idaho Fraud Warning: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Fraud Warning: A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky Fraud Warning: 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.

Minnesota Fraud Warning: A person who submits an application or files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Fraud Warning: Any person who, with the 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 402:82

New Jersey Fraud Warning: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio Fraud Warning: 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.

Oklahoma Fraud Warning: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Pennsylvania Fraud Warning: 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.

INSTRUCTIONS

The following information will be required in order to process benefits for the Annuity Policy

1. Completed Claimant Statement
2. Certified Death Certificate
3. Original Annuity Policy Form or Lost Policy Affidavit
4. Birth Certificate if Life Income Settlement Option is chosen

If the proceeds are payable to the estate of the Owner, then the executor or administrator of the estate should complete the statement. A certified letter of appointment of the executor or administrator is required.

If the proceeds are payable to a minor, the guardian of the minor's estate should complete this form.

If there is more than one beneficiary, then each beneficiary must complete a separate form.

If the beneficiary is a trust, then the trustee must complete this form. A copy of the Trust is required.

If any Beneficiary is Deceased, a certified copy of the death certificate for each such beneficiary must also be furnished to the Company. If any beneficiary predeceased (died prior to) the Insured, his/her share would typically be payable to the contingent named beneficiary (or to the remaining named beneficiaries if payment was to be shared among the survivors.) If any beneficiary died after the Insured, his/her share of the proceeds would typically be payable to that beneficiary's estate. In this event, we would also require the certified Letters Testamentary or Letters of Administration (appointing the Executor or Administrator of that beneficiary's estate.) In this event, the Executor or Administrator should sign and date the first page of this Claimant's Statement and complete the "Withholding Information" section as well.

If a policy is payable to the "children" of the Insured or to any other group of persons whose names are not specified, a notarized affidavit must be furnished to the Company confirming the number of members of the group, as well as their names, dates of birth, social security numbers, and current addresses. If any group members have died, the affidavit must provide the date and place of death, and must state whether they died married or unmarried, testate or intestate, and with or without children. A copy of any deceased beneficiary's death certificate should be provided to the Company as well.