

Guide to Making Your Annuity Claim



We are sorry to learn about your recent loss and extend our condolences. As this is a difficult and stressful time for you, it is our objective to process your claim promptly and efficiently, minimizing any inconvenience for you. If you have any questions, please call us at 800.231.0801 (Press 4 in prompts) or send us a message at: <https://www.americo.com/claims/#contact-claims>.

Section 1: Information

To submit a claim for death benefits, follow these steps:

1. Fill out the enclosed annuity claim form completely, print, and sign (we must have an actual signature on the form). Provide all the information requested so we can process your claim as quickly as possible. **If you live outside the U.S., do not use this form. If you live outside the U.S., go to <https://www.americo.com/SiteCollectionDocuments/ForeignClaim.pdf> for the required form.** Please initial any corrections you make on the form.
2. Send us the completed claim form, death certificate, original contract (if available), copy of obituary and documentation of any name changes for the beneficiary(ies).
3. Review the instructions below for the applicable beneficiary type before completing this form:
 - **Individual:** The statement must be completed by the individual beneficiary(ies).
 - **Trust:** The statement must be completed by the trustee(s) and include the full name of the trust along with the trust documents or certification of trust.
 - **Estate:** The statement must be completed by the Executor(s) or Administrator(s), and submitted with the Letters issued by the Court appointing that individual.
 - **Company or Corporation:** The statement must be signed by two officers and include each officer's title.
 - **Minor:** The statement may be completed by the Court appointed Guardian of the minor's Estate and submitted with a copy of the Court issued appointment or in accordance with other applicable state law.
 - **Assignee:** If the policy has been collaterally assigned by the owner prior to the death of the decedent, a statement of interest is also required. This document provides a statement of the assignee's interest and may be obtained by contacting our office.

Section 2: What to expect after you submit your claim

We are committed to processing your claim as quickly as possible.

- If we approve your claim and you choose to receive a check or your proceeds are less than \$5,000.00, we will mail you the check. The check will be mailed first class mail through the United States Postal Service.
- If you choose to receive your proceeds in a Financial Access Account, we will:
 - Open an interest-bearing Financial Access Account in your name;
 - Place the proceeds from your claim into your account, and;
 - Mail you a package that includes account details and a book of personalized drafts (like checks).

There are some key advantages to selecting a Financial Access Account that you should consider:

1. With a Financial Access Account, there is no monthly service charge and you have time to defer financial decisions and reduce the added stress of what to do with the funds at a very difficult time. Interest immediately starts accruing on the account. If you choose a check, you do not immediately earn interest on the proceeds.
2. Payment through a Financial Access Account is quick. With the Financial Access Account, you can start writing checks to pay bills and get cash and thus, there is faster access to the funds without having to wait for the insurance check to clear.

For tips and frequently asked questions, please visit our website: <https://www.americo.com/Content/ClaimsFAQ.pdf>

Please mail your completed claim to the following address:

Regular Mail:

PO BOX 410288
Kansas City, MO, 64141-0288

Overnight Mail:

300 W. 11th Street
Kansas City, MO, 64105

If your claim is below \$150,000.00 you may:

- Upload and send on our website (<https://www.americo.com/claims/#contact-claims>) or Email to forms@americo.com or Fax to: 800.395.9238

SECTION 1: About You (Beneficiary)

Please print your name the way you want it to appear on your payment. Each beneficiary should submit a separate claim form; however, we only require one death certificate.

Beneficiary Name (First, Middle, Last)		
Relationship to the Insured	Maiden Name (if applicable)	Social Security Number/TIN
Mailing Address		
City	State	ZIP Code
Country of Citizenship	Date of Birth (mm/dd/yyyy)	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Phone Number	Email address	

SECTION 2: About the Deceased Owner/Annuitant

Deceased Name (First, Middle, Last)		
Residence Address		
City	State	ZIP Code
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Marital Status	Cause of Death	Manner of Death
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

SECTION 3: About Your Claim(s)

Please list the annuity contract number and prefix (if applicable) for all annuity contracts on which you are making a claim.

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SECTION 4: Settlement Options

Check one (*you may want to consult your tax advisor before making an election*):

<input type="checkbox"/> I would like my payment to be deposited into a Financial Access Account that will be opened for me. (<i>Attached FAA Disclosure incorporated</i>)
<input type="checkbox"/> I would like to receive a check sent by USPS mail. (default option if you do not elect an option)
<input type="checkbox"/> I would like to annuitize the contract over a five-year or ten-year period. <i>This option must begin no later than 1 year after the owner's death.</i> Annuitize the contract _____ years with <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annual <input type="checkbox"/> annual payments.
<input type="checkbox"/> I would like to continue the contract. <i>Only available for spouse beneficiary or joint-owner/annuitant. Not available for 403(b) contracts.</i>
<input type="checkbox"/> I would like to transfer/rollover the funds to a receiving company. <i>Letter of acceptance and transfer paperwork will be required and provided directly from receiving company. Not allowed for a spouse beneficiary on a non-qualified contract.</i>
<input type="checkbox"/> Other. Please specify _____

- If your payment is less than \$5,000.00, you are not a U.S. citizen or resident for tax purposes, or the annuity contract from which your proceeds are being paid does not make this option available for your proceeds, we'll automatically pay you by check.
- **Keep in mind once you receive a check, you cannot get a Financial Access Account.**

SECTION 5: Federal Tax Withholding

For Federal income tax purposes, we are required to withhold 10% of the taxable gain on your claim payment unless you indicate below that you do not want Federal income taxes withheld.

In addition, certain states require that if you elect to have Federal income tax withheld, then you must have state income tax withheld as well.

Your withholding election. Please select one:

- I do NOT want Federal income tax withheld (my election is void unless I have provided my correct tax identification number.)
- I want you to withhold at the IRS default rate of 10% (20% for employer-sponsored retirement plans).
- I want you to withhold as indicated on the enclosed IRS Form W-4R (you may obtain this form at the IRS website (<https://www.irs.gov/pub/irs-pdf/fw4r.pdf>). If you have any questions regarding the W-4R form, please consult your tax advisor. **If this option is elected without also including a completed IRS Form W-4R, we will withhold at the IRS default rate.**

Note: U.S. citizens living outside the United States cannot opt-out of withholding.

Caution: You may be subject to penalties and/or additional taxes owed if you withhold too little. This is not tax advice, we recommend you consult with your tax advisor.

SECTION 6: Certification and Signature

By signing this claim form, you certify that:

- All the information you have provided is true and complete to the best of your knowledge.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Fraud Notice Form included with this form.
- If you selected the Financial Access Account, you have read the Financial Access Account and Life Insurance Disclosure Statement. This Claim Form represents a supplemental Financial Access Account agreement to which I agree to be bound.

Under the penalties of perjury, I certify:

1. That the number shown as my Social Security number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (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, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Person/Representative Making Claim	Date signed (mm/dd/yyyy)

If acting as representative, please sign with title and provide supporting documentation.

SECTION 7: Claims Submission Checklist (please check off items you are sending with this form)

- Death certificate. **Note:** If your claim is for more than \$150,000.00, we require an original certified death certificate. A certified death certificate has a raised or colored seal on it. The funeral director handling the funeral arrangements can usually arrange to have the death certificate certified. If death certificate has already been submitted to us, please indicate below.
- Original contract. Check here if contract cannot be located.
- If you signed a document with a funeral home or assignment company that authorizes us to make a payment directly to them, a copy of that document. **Check box and enter total amount assigned here: \$_____.**
- If transferring or rolling over to another company, Letter of acceptance and transfer paperwork from receiving company.
- If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

SECTION 8: Alternative Contact Information and Special Requests

If there is an individual not associated with the contract you would like to authorize to be able to receive information for the purpose of assisting and resolving this claim, please provide the name and phone number of the contact person for Americo to contact regarding any applicable additional requirements. Also, this section may be used to add special requests or add comments.

By signing and dating below, you authorize Americo to contact this individual and release information regarding your pending claim. You may also use this section to add any comments or special instructions

Signature

Date

Fraud Notice Form



Before signing any claim form, please read the applicable fraud warning for the state where you reside and for the state where the insurance policy under which you are claiming benefit was issued. Many States require the Insurer to provide claimants with a Fraud Statement such as the following:

WARNING: 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.

The following States require the insurer to provide claimants with the specific language below:

Maine Tennessee, Washington, Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Delaware, Idaho, Indiana: **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.

Arizona: 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.

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 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 purposes 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.

Kentucky: 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: A person who 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 NH R.S.A Section 638:20.

New Jersey: Any person who knowingly files a statement of claim 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 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.

Ohio: Any person who, with intent to defraud or knowing that he 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.

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 the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The death of a spouse, parent, child, partner, or other loved one is a difficult time. In addition to the emotional stress present during the weeks, months, or years following a death, financial burdens may also arise. Life insurance is intended to assist with these financial burdens. While life insurance policies provide for a single payment of the death benefit, policies may also offer other payout options that are intended to fit your needs and those of your family. The following information describes the Financial Access Account we are offering you as an option to a single payment.

What is the Financial Access Account? The Financial Access Account (FAA) is a temporary repository of funds available to any beneficiary entitled to receive benefits of \$5,000 or more. The account's function is to give you, the beneficiary, time you need to consider all of the financial options available. The payment of the full benefit due under the policy will be accomplished by delivery of a "checkbook" of drafts which are similar to checks but different in some respects. You can write them just as you would checks. The use of the Financial Access Account provides you the flexibility to make the right decision regarding your long-term financial needs while earning interest on the life insurance proceeds.

How does the Financial Access Account work? Your FAA is a draft account which is maintained by Northern Trust Bank. A draft account is similar to a checking account, and earns interest. However, instead of checks, you will receive a book of drafts. Write as many drafts as you like in the same manner as you would write checks when you need to access your money. Our obligation to pay the total policy or contract proceeds is satisfied by depositing the total proceeds in the FAA. Once payment is made to you via the FAA, you will have immediate access to the entire amount, plus any accumulated interest. When your draft is presented for payment, it is paid through Northern Trust Bank. Please check with your financial institution on any potential delays in accessing the funds once the draft(s) has been presented.

Are there minimum draft requirements? Yes, each draft must be a minimum of \$250. You may keep your FAA open as long as you like. The only requirement is that you maintain a minimum account balance of \$250. If the account balance falls below \$250, a check for the remaining proceeds, plus all accrued interest, will be sent within 45 days of the account closure.

Can I write one draft to access the entire amount? Yes. One draft may be written at any time to access the entire amount of the FAA, including interest.

Are my funds guaranteed by the Federal Deposit Insurance Corporation (FDIC)? FAA funds are held in our general account and are not guaranteed by the Federal Deposit Insurance Corporation (FDIC), but are guaranteed by State Guaranty Associations. State Guaranty Association coverage limits vary by state.

Is the interest earned on my FAA taxable? The interest you earn on your FAA may be subject to income taxation. We recommend you consult a tax, investment, or other financial advisor regarding tax liability.

What fees are charged on the FAA? Your FAA has no charges for drafts or monthly service charges. However, your account will be charged the following fees for each of the particular services described below:

- \$10.00 fee for any draft returned unpaid;
- \$12.00 fee for each stop payment order;
- \$2.00 fee for a copy of any draft or statement.

We reserve the right to change these fees at any time. In addition, we may derive income, in addition to any fees charged on the account, from the total gains received on the investment of the balance of funds in the FAA.

How frequently will I receive statements? Each month that there is activity on your account other than the crediting of interest; you will receive a monthly statement. Otherwise, you will receive quarterly account statement showing the current balance, the interest credited, the drafts written, and any other account activity.

How is interest calculated? The interest rate currently being paid on FAAs is 0.50%. Interest is earned on your FAA from the date it is established until the date drafts are cleared. Interest is compounded daily and is credited to your account monthly. Interest is based on the balance in your FAA at the end of each day. The guaranteed minimum interest rate is 0%. Interest rates are reviewed by the Company on a regular basis and are set at the Company's discretion.

What happens if my FAA becomes inactive? If your account has not had any activity, such as a withdrawal or affirmative contact, within a three-year period, we will contact you to confirm your interest in maintaining this account. If we are unable to contact you, or you do not respond, we will proceed according to the unclaimed property laws in your state¹.

Are the available settlement options preserved until the entire balance of FAA is withdrawn? All settlement options under the original policy are preserved until the entire balance is withdrawn or the balance drops below the company's minimum balance requirement.

Where can I obtain more information about these accounts and the services provided? If you have questions, you can contact us as follows:

- Phone: 800.366.6400
- Web: www.americo.com/claims/#contact-claims
- Email: claim.operations@americo.com
- Physical Address: PO Box 410288, Kansas City, MO 64141

How can I learn more about the coverage limitations applicable to my FAA? You are also advised to contact the National Association of Life and Health Insurance Guaranty Associations (at www.nolhga.com) (telephone number 703.481.5206) to learn more about coverage limitations on your account.

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.²

For Over 100 years, Americo Life Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your family and future. The Americo family of companies includes:

- Americo Financial Life and Annuity Insurance Company
- Great Southern Life Insurance Company
- United Fidelity Life Insurance Company
- National Farmers Union Life Insurance Company
- Investors Life Insurance Company of North America

¹ Policies issued in California may escheat to the state pursuant to the California Unclaimed Property Law (Chapter 7 of Title 10 of Part 3 of the Code of Civil Procedure).

² Louisiana Department of Insurance may be contacted at 1-800-259-5300 or at 1702 N. Third Street, P.O. Box 94214, Baton Rouge, LA 70802.