



P. O. Box 410288  
Kansas City, MO 64141-0288  
800-752-1387

Dear Sir or Madam:

We are sorry to learn about your recent loss and extend our condolences. To begin processing the claim for benefits under this policy, we need the following documentation and forms completed and returned by the beneficiary.

**CLAIMANT'S STATEMENT:** Note: Must be signed by the beneficiary and witnessed by a disinterested party or payment may be delayed. The Claimant's Statement does not need to be notarized.

**CERTIFIED COPY OF THE DEATH CERTIFICATE:** for the insured that identifies both cause and manner of death. Note: We cannot accept a photocopied death certificate for the insured person. A "certified" death certificate will have a "raised/embossed" or colored seal on the front. Generally, only one copy of the certified death certificate is necessary, even in the case of multiple beneficiaries. If any primary beneficiary pre-deceased the insured, we will require a photocopy of that beneficiary's death certificate. Death certificates become part of the file and cannot be returned.

**ORIGINAL INSURANCE POLICY:** Note: Please be sure to mark the Claimant's Statement where indicated if the policy is lost. If the claim is on a rider and the policy still provides coverage on additional individuals do NOT return the original policy. Please provide only a photocopy of the Policy Data Page and applicable insurance rider.

**COPY OF THE OBITUARY:** (if available).

**BENEFICIARY NAME CHANGE:** Note: If the beneficiary's name changed after the owner designated the beneficiary, please return documentation of the name change (Marriage Certificate, Divorce Decree, etc.)

Please mail these documents to Amerigo Life, Attn: Claims, at one of the following addresses:

|                            |                       |
|----------------------------|-----------------------|
| Regular Mail:              | Overnight Mail:       |
| P.O. Box 410288            | 300 W. 11th Street    |
| Kansas City, MO 64141-0288 | Kansas City, MO 64105 |

Other than the original policy and Certified Death Certificate, faxed documents, including the Claimant's Statement, are generally acceptable and may be faxed to (800)-395-9238 or emailed to [forms@americo.com](mailto:forms@americo.com).

To assist with filing your claim, please read the Instructions to the Claimant Statement. If you have any additional questions or need further assistance, please contact our office at (800) 231-0801.

Sincerely,

Claims Department

# INSTRUCTIONS & CLAIMANT'S STATEMENT

**CLAIMANT'S STATEMENT** must be completed by the person(s) or entity to whom the insurance is payable. If there is more than one beneficiary, you may make copies of this form as needed.

Please review the instructions below for the applicable beneficiary type before completing the Claimant's Statement.

- Individual beneficiary who is the age of majority or older: The statement must be completed and signed by such beneficiary and witnessed.
- Trust: The statement must be completed by the Trustee(s) and include the full name of the trust along with the Trust documents.
- 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. Proceeds may also be held with the Company at interest until the minor reaches the age of majority, which varies by state.

If a 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.

## CLAIMANT'S STATEMENT

### Part A – Information about the Deceased

|   |                                   |  |
|---|-----------------------------------|--|
| Name of Deceased (State all names used by the deceased during their life including maiden name, nickname, alias, or other name) |                                   | Policy Number(s)   |
| Deceased's Date of Birth  | Deceased's Social Security Number | Date of Death  |
| Cause of Death as listed on Death Certificate   |                                   | Manner of Death<br>[ ] Natural [ ] Homicide [ ] Accident [ ] Suicide |

### Part B – Information about the Beneficiary

|                                   |  |
|-----------------------------------|--|
| Individual, Trust or Company Name | Telephone Number                           |
| Mailing Address                   |  |
| Email Address                     | Beneficiary Social Security Number/Tax I.D |
| Relationship to the Deceased      | Beneficiary Date of Birth/Trust Date       |

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### Part C - Policy/Death Certificate

Please select the appropriate statements:

- Enclosed is a certified copy of the death certificate of the insured.
- Enclosed is (are) the original policy(ies).
- The original policy(ies), or copies, cannot be located
- If beneficiary is a trust, I have enclosed trust documents.
- If beneficiary is a trust, I certify that the trust is still in full force and effect.

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### Part D - Settlement Options

Our standard Settlement Option for policy benefits of \$5,000 or more is the establishment of an interest-bearing Financial Access Account on the beneficiary's behalf that gives the beneficiary time to make important financial decisions with respect to the proceeds. The beneficiary may draw on the account at any time and for any amount (in excess of \$250) up to the account's then current balance. The terms and conditions of the Financial Access Account are described in the attached materials.

**If you do not choose an alternative Settlement Option, payment of policy benefits will be made through our standard settlement option – the establishment of a Financial Access Account on the beneficiary's behalf.** Alternatively, you can elect to receive your policy benefits by selecting one of the following options.

- Financial Access Account.** Establish an interest-bearing Financial Access Account on the beneficiary's behalf.
- Lump Sum.** Make proceeds available in a lump-sum payment.
  - Paper Check
  - Electronic Funds Transfer (include voided check) *I authorize Americo to deposit in my account (by initiating electronic credit entries) all amounts, ("deposits") owed to me by Americo at the financial institution specified above (the "Bank"), and I authorize the Bank to accept such deposits to my account. In the event that Americo deposits funds into my account to which I am not entitled, I authorize Americo to return such funds by initiating appropriate debit entries and adjustments accordingly. I understand that my deposit may not be credited to my account immediately after the transaction. It is my responsibility to: 1) ensure my bank account and deposit information is correct and complete; 2) timely verify that all transactions are accurate; and 3) immediately notify (Insurance Company) of any errors.*
- Alternative Settlement Options** (e.g. Installment, Life Income, Funds left on Deposit): Please send me additional information on these additional options.

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Contact our office at 800.231.0801 for specific details regarding any of these Settlement Options.

**IRS Certification:**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (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 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 or other U.S. person (that is, an individual who is a U.S. citizen or U.S. resident alien, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate [other than a foreign estate], or a domestic trust [as defined in Regulations section 301.7701-7]).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

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**FRAUD NOTICE**

Several states require that a notice be provided to each claimant to protect against Fraud. The undersigned acknowledge the Fraud Notice document has been received, read and is incorporated by reference if the State in which the undersigned resides in is listed on that notice. 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 denial of insurance benefits.

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**SIGNATURE**

*The undersigned agrees that this Claimant's Statement constitutes their claim for proceeds, if any, under each of the above-listed policies as such were contractually in force at the time of the Deceased's death and that furnishing of this Statement does not waive any contract provisions.*

\_\_\_\_\_  
Beneficiary Signature  
(PLEASE SIGN AS YOU WOULD A CHECK)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disinterested Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Address and Phone Number **[MUST BE SIGNED BY A WITNESS]**

## 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:

Any person who, with intent to defraud or knowing that the person 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.

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

**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.

**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.

**Arkansas, Louisiana, Rhode Island, and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment for a loss of 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.

**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.

**Delaware:** 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.

**District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

**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.

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

**Indiana:** 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:** 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.

**Maine:** 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.

**Maryland:** 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 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 Mexico:** 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 civil fines and criminal 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.

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

**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.

**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 include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a 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.

Financial Access Account and Life Insurance  
**Disclosure Statement**

*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, the 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 by different in some respects. You can write them just as you would checks. The use of the Financial Access Account provided 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. You 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, we will send you a check for the remaining proceeds, plus all accrued interest, within 45 days of the account closure.

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**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 on 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 0.55%. 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 two-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 state.

**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. Settlement options may include one or more of the following:

**Lump sum** – through this option, you would receive the entire proceeds in one payment.

**Life only** – through this option, proceeds plus interest are paid in installments as long as you are living. Payments cease at your death.

**Life income with a period certain** – through this option, proceeds, plus interest, are paid in installments as long as you are living. If you die within the period certain you selected, we will continue payments to your beneficiary until the time period selected is concluded.

**Installment payout for a fixed amount or period** – through this option, you may choose to receive either a fixed settlement amount, or a settlement amount for a fixed period of time.

**Interest only payout** – through this option, proceeds are left with the insurance company and you will receive interest payment which the insurer will pay you on a periodic basis. Proceeds will be paid at the end of the period selected.

**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](http://www.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](http://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.