



BANKERS LIFE AND CASUALTY COMPANY
Life Division – P.O. Box 1937 – Carmel, IN 46082-1937

800-621-3724

Beneficiary’s Annuity Claim Form

Please see claim filing instructions on page 2.

Deceased Information:

Full Name of Deceased: _____
Policy Number: _____ Date of Death: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Beneficiary Information:

Beneficiary Name: _____ Relationship to Deceased: _____
Social Security #/Tax ID #: _____ Phone: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Federal Law Requires This Information:

We may have to withhold and send to the IRS on your behalf 28% of certain reportable payments you may be entitled to, unless we have your correct social security number, and you state that you have not been notified that you are subject to an IRS back-up Withholding Order on interest and dividends.

- I have not** been notified by the Internal Revenue Service that I am subject to Back-up Withholding Order on interest and dividends.
- I have** been notified by the Internal Revenue Service that I am subject to a Back-up Withholding Order on interest and dividends.

Tax Treatment of Claim Payment:

The taxable portion of the claim payment benefit you receive from Bankers Life and Casualty is subject to enough Federal Income Tax withholding, unless you elect NOT to have withholding apply. If you do not have enough Federal Income Tax withheld from the taxable portion of your claim payment benefit, 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.

Please complete one of the following election statements:

- I **DO NOT** want Federal Income Tax withheld from the taxable portion of my claim payment benefit.
- I **DO** want Federal Income Tax withheld from the taxable portion of my claim payment benefit.

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.

I understand my proceeds will be deposited into the Bankers BenefitNow Account, a guarantee money market type account under my individual and complete control. This option is only available if the amount payable is at least \$5,000.

Under penalty of perjury, I certify that the information supplied above is correct.

Beneficiary Signature: _____ **Date:** _____

Annuity Claim Filing Instructions

For Annuity Claims the following items are required:

- 1) Certified copy of the death certificate
- 2) The original annuity contract. If it cannot be located, please note this on the claim form or in a separate statement.
- 3) Completed, signed claim form. If there is more than one beneficiary a separate form must be completed.

Please mail them to:

Bankers Life and Casualty Company
Life Division
P.O. Box 1937
Carmel, IN 46082-1937

Special Annuity Claim Filing Instructions:

- If the designated **primary beneficiary has predeceased the annuitant**, we require the following:
 - A copy of the death certificate for the primary beneficiary
 - The claim form, completed by the alternate beneficiary

- If an **attorney-in-fact is filing on behalf of the designated beneficiary**, we require the following:
 - The claim form must be signed in the capacity of attorney-in-fact pursuant to a Power of Attorney
 - A copy of the Power of Attorney must be provided

- If the **beneficiary is the Estate of the Insured** we require the following:
 - Completed claim form, signed by the estate's legal representative, along with a copy of the appointment papers evidencing his/her appointment.
 - If an estate will not be opened, please contact us to discuss alternative methods of payment
 - Estate tax ID number

- If the **beneficiary is a Trust or under a Trust Agreement**, we require the following:
 - Completed claim form, signed by the trustee(s), along with a complete copy of the trust agreement.
 - Trust tax ID number

- If the **beneficiary is a Minor**, we require the following:
 - Documentation evidencing the appointment of a guardian for the minor's estate.
 - If it is not possible to obtain guardianship documents, we will work with the parent or legal guardian on an alternative method of payment. Payment may be possible under the state's Uniform Transfers to Minors Act.