



**BANKERS LIFE AND CASUALTY COMPANY**  
 Annuity Claims Department – P.O. Box 1937  
 Carmel, Indiana 46082 - 1937  
 (800) 621-3724

AGENT USE ONLY C14

**Annuity Death Benefit Claim Form:  
 Supplemental (Annuitized) Contract**

FIRST	MI	LAST
DECEDENT		
<input type="checkbox"/> OWNER <input type="checkbox"/> ANNUITANT <input type="checkbox"/> UNKNOWN		
CONTRACT NUMBER		DATE OF DEATH

**A. CLAIMANT INFORMATION**

NOTE: ONE CLAIMANT PER FORM. SUBMIT ADDITIONAL FORMS FOR MULTIPLE CLAIMANTS.

FIRST NAME	MI	LAST NAME
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP
PHONE		
EMAIL		
SOCIAL SECURITY NUMBER	OR	EMPLOYER IDENTIFICATION NUMBER
DATE OF BIRTH		
RELATIONSHIP TO DECEDENT		

**B. PAYMENT OPTIONS**

SELECT ONE DISBURSEMENT METHOD:

Continuation *New beneficiary designation required. All previous beneficiary designations are no longer valid.*

Beneficiary

FIRST NAME	MI	LAST NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER	

**IF ADDITIONAL PRIMARY BENEFICIARIES ARE DESIRED OR YOU WISH TO DESIGNATE CONTINGENT BENEFICIARIES,  
 PROVIDE SIGNED AND DATED ADDENDUM WITH ADDITIONAL BENEFICIARY INFORMATION.  
 INCLUDE PRIMARY OR CONTINGENT DESIGNATION AND DISTRIBUTION PERCENTAGES.**

Lump Sum Commuted Value – if applicable *Please refer to your contract for details.*

Please complete all sections of the form and return the original documents in the envelope provided.  
 See IMPORTANT INFORMATION insert for additional information and instruction.

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**C. INCOME TAX WITHHOLDINGS AND TAXPAYER CERTIFICATION**

*Federal Income Tax*

- Do not withhold Federal Income Tax
- Withhold Federal Income Tax

*State Income Tax (if applicable)*

- Do not withhold State Income Tax
- Withhold State Income Tax

**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.

**D. THE FOLLOWING DOCUMENTS ARE ATTACHED**

- Certified Death Certificate
- Original Contract
- Trust/Estate Documents
- Other \_\_\_\_\_

**E. CLAIMANT STATEMENT AND SIGNATURE**

**Certificate of Lost Contract:** I certify that the annuity contract identified has been lost or destroyed and, to the best of my knowledge, is not in anyone's possession. If the original should be found or come into my possession, I will return it to the Company, its successors or assignees. It is understood and agreed that the original contract or certificate shall become null and void.

I, the claimant, hereby make claim to the death benefit payable under the provisions of the subject contract and agree that all papers called for by the Company shall be part of this statement. My signature below also certifies, separately, that the information in Sections A - E above is true and correct to the best of my knowledge and belief, subject to penalties for perjury.

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

**Please complete all sections of the form and return the original documents in the envelope provided.  
See IMPORTANT INFORMATION insert for additional information and instruction.**

# Important Information

## Annuity Death Benefit Claim Form: Supplemental (Annuitized) Contract

### MAILING ADDRESS

**Bankers Life and Casualty Company**  
Annuity Claims Department– PO Box 1937  
Carmel, IN 46082-1937  
(800) 621-3724  
[www.Bankers.com](http://www.Bankers.com)

### DEFINITIONS

- **Supplemental (Annuitized) Contract:** An annuity contract payout option elected by the owner that provides annuity benefit payments tied to the life expectancy of the annuitant.
- **Decedent:** The deceased person named as the annuitant, owner or joint owner of the annuity contract.
- **Owner:** The person who applies for and purchases the contract.
- **Annuitant:** The person whose lifetime is used to measure the length of time the contract benefits are payable.
- **Primary Beneficiary:** The person or entity designated to receive annuity benefits upon the death of the annuitant.
- **Contingent Beneficiary:** The person or entity that is designated to receive annuity benefits in the event the designated primary beneficiary is no longer living at the time of the annuitant's death.

### INSTRUCTIONS

- Complete all sections of the Claim Form.
- Sign and date the Claim Form.
- Mail to address provided.
- Contact our office or your local agent if you would like assistance in submitting the Claim Form.

### CLAIMANT INFORMATION

- Complete all information in Section A of the Claim Form. One claimant per Claim Form. Submit additional claim forms if there are multiple claimants.

### PAYMENT OPTIONS

- Select one method for disbursement of contract benefits in Section B of the Claim Form. Supply all requested information for the method selected. Once benefit disbursement has been made other disbursement options are no longer preserved.
  - **Continuation**—continues the contract and continues to defer taxation.
    - The beneficiary who elects to continue the contract will become the new payee on the contract.
    - New beneficiary designation is required at time of claim processing. Complete the beneficiary information on the Claim Form. If there are additional primary beneficiaries or if you wish to designate contingent beneficiaries, please provide a signed and dated addendum with the additional beneficiary information. Indicate if the beneficiaries are Primary or Contingent and the desired percentage distribution of proceeds.

- **Lump Sum Commuted Value** – provides immediate payout and immediate taxation with single check issued for total amount of payment.
  - Not all contracts are eligible for a Lump Sum Commuted payout.
  - Commuted Value is calculated at the time of claim submission based on terms of the contract.

# Important Information

## Annuity Death Benefit Claim Form: Supplemental (Annuitized) Contract

### TAX WITHHOLDINGS AND CERTIFICATION

- Tax-deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. The beneficiary is liable for Federal/State taxes on the taxable portion of his/her benefits.
- Select desired tax withholdings in section C of the Claim Form.
- Submit IRS form W-9 or complete the certification in Section C of the Claim Form.
- **Federal Income Tax Withholding:** Federal/State Income taxes will be withheld where applicable unless otherwise indicated. If you elect **not** to have withholding applied or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. Under the Estimated Tax rules, penalties may incur if withholding and estimated tax payments are not sufficient.
  - **10% Withholding:** Death Benefits are subject to a mandatory 10% withholding unless either of the following conditions apply:
    - You choose not to have federal income tax withheld.
    - You are subject to back-up withholding.
  - **No Withholding:** Federal income tax will not be withheld if the entire distribution is transferred by the plan administrator in a direct rollover (that is, the check is payable to the new plan) such as:
    - Inherited IRA
    - Spousal rollover to new contract
- **State withholding** will be based upon state-specific requirements.
- **Distributions from IRAs** that are payable on demand are treated as Death Benefit payments and therefore taxable. However, you can choose **not** to have federal income tax withheld from the payment by indicating on the Claim Form.

- Insurers and their representatives are not permitted by law to offer tax or legal advice. The general information here was written to support the sales, marketing or service of insurance policies offered by The Company. **Based upon individuals' particular circumstances and objectives, they should seek specific advice from their own qualified and duly-licensed independent tax or legal advisors.** No one may rely upon or use information here for the purpose of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

### REQUIRED DOCUMENTATION

- Identify the documents that are being submitted with the Claim Form in Section D of the form.
- The following items should be submitted with the Claim Form if applicable:
  - **Certified Death Certificate:** The Certified Death Certificate is needed to process the claim. A Certified Death Certificate has the seal of the validating authority. Photocopies are not valid.
  - **Children of Insured:** If the beneficiaries are the children of the insured and have not been designated by name, a notarized list of the children is required. Their current mailing addresses, telephone numbers, dates of birth and Social Security numbers are also required.
  - **Consent Form-Residency of Decedent:** The following states require the submission of a State Consent form with the Annuity Death Benefit Claim:
    - **Indiana:** Consent form is required for a spouse if he or she is designated as co-beneficiary and for any beneficiary other than spouse.
    - **Ohio:** Consent form is required when proceeds are over \$25,000.

- **Corporation:** If the beneficiary is a corporation, an authorized officer of the corporation must sign the Claim Form. The officer's title must follow the signature. A Corporate Resolution or other supporting documentation is required for each officer's signature.
- **Divorce Decree:** A Divorce Decree may be requested during the claim review process if the deceased was divorced.
- **Estate Beneficiary:** If the beneficiary is the estate, the completed Claim Form must be signed by the estate's legal representative and a copy of the appointment papers provided with the Claim Form submission. If an estate will not be opened, the Claimant is responsible for contacting an attorney or the local probate court clerk in the proper jurisdiction for an affidavit of small estate or heirship.
- **Minor Child Beneficiary:** If the beneficiary is a minor child, the Certified Guardianship paperwork must be submitted with the claim.
- **Multiple Beneficiaries:** If there is more than one beneficiary for the Continuation, provide an addendum with information on each additional beneficiary.
- **Original Contract:** Return all pages of the original contract with the Claim Form.
- **Trust Beneficiary:** If the beneficiary is a trust, the following information should be submitted with the claim:
  - The first page of the Trust.
  - The page naming the Trustee or Successor Trustee.
  - The Signature page of the Trust.

## FRAUD WARNING NOTICES

### PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

**NOTICE:** Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

**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, DELAWARE, FLORIDA, IDAHO, NEW YORK:** Your state requires us to notify you that: any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony as further defined by your state statute.

**ARKANSAS, HAWAII, LOUISIANA, MAINE, NEW MEXICO, RHODE ISLAND, TENNESSEE, TEXAS, VIRGINIA, WEST VIRGINIA:** 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.

**ARIZONA, KENTUCKY, OHIO:** WARNING: 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.

**CALIFORNIA:** For your protection California law requires the following warning statement to appear on this form: 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.

**COLORADO:** WARNING: any person who knowingly and with intent to defraud an insurer provides false, incomplete or misleading information is subject to criminal and civil penalties, including imprisonment, fines and denial of insurance. Any agent who knowingly and with intent to defraud a policyholder or claimant provides false, incomplete or misleading information with regard to a settlement or insurance proceeds payable will be reported to the Colorado Insurance Department.

**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. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**INDIANA, MINNESOTA:** Your state requires us to notify you that: any 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.

**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.

**NEW HAMPSHIRE:** Your state requires us to notify you that any person, 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 under New Hampshire law.

**NEW JERSEY, PENNSYLVANIA:** NOTICE: 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.

**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.

**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 dollars (\$5,000) and not more than ten thousand dollars (\$10,000), 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.

**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.

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