

CLAIM INSTRUCTIONS

Please read all instructions carefully and complete all applicable sections on the following pages. Some additional documents may be required. Unclear or missing information may delay or prevent processing. Please sign and date the form and return all applicable pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

REQUIRED DOCUMENTS

Depending upon the claim amount and whether you are requesting these funds via check or direct deposit use the chart below to identify which documents are required.

Claim Amount	Check	Direct Deposit
\$1-\$49,999	One (1) signed form of identification	One (1) signed form of identification AND bank account information
\$50,000-\$249,999	One (1) signed form of identification AND proof of address	One (1) signed form of identification AND bank account information
\$250,000 and Above	Medallion Signature Guarantee	One (1) signed form of identification AND bank account information, OR a Medallion Signature Guarantee for credit union accounts

We will run your account and address information through our database in order to verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy between any of the information provided on the form, we reserve the right to request additional or alternative forms of identification, including a Medallion Signature Guarantee. Please note that if you are requesting a direct deposit to a credit union, we are unable to verify credit union accounts and will always require a Medallion Signature Guarantee for requests over \$250,000.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
Driver's License/ Government/ State Issued ID Passport Social Security Card Marriage License Military ID Green Card (if signed) Voter Registration Card	For Checking Accounts: A void check For Savings Accounts: A letter, on bank letterhead, verifying the owner(s), account and routing number, signed by an authorized party at the bank.	Utility Bill*- i.e. gas, electric, telephone A Bank or Credit Card Statement* Vehicle Registration State/ Federal Tax Document* Bank or Credit Card Statement or Other Financial Institution Document* *Cannot be older than sixty (60) days

MEDALLION SIGNATURE GUARANTEE (MSG): MSGs are used as an added security measure and may be obtained at most banks, credit unions, or other financial institutions. It is recommended that you contact your bank ahead of time to ensure they can provide an MSG and to ask what forms of ID or other documents you may be required to bring. Your bank may charge a nominal fee for this service. **The MSG submitted must be an original; faxes, photocopies, and emails will not be accepted.**

RETURN METHOD

An original, Certified Death Certificate **MUST** be mailed to the address listed below. Additionally, if you were required to obtain a Medallion Signature Guarantee on your claim form, you **MUST** return your completed form via MAIL ONLY. All other documents may be mailed or faxed to us.

❖ Fax to: (877) 584-2777

❖ Mail to: Oxford Life Insurance Co.
 575 D'Onofrio Drive, Suite 100
 Madison, Wisconsin 53719

❖ Phone: 1-866-641-9999

IMPORTANT: A separate claim form is required for each beneficiary. The claim amount is per beneficiary and not based on the TOTAL claim amount. For example, if there are three beneficiaries, each requesting \$20,000, only one ID per beneficiary is required, even though the total claim amount is \$60,000.

IRA BENEFICIARY STRETCH ELECTION FORM

Oxford Life Insurance Company does not provide tax or legal advice. It is important to consult with your tax or legal advisor to determine how an IRA beneficiary stretch election affects your financial and estate-planning concerns. Please consult a legal or tax advisor for additional information and advice for your specific situation.

TERMS AND CONDITIONS

Acknowledgement and Consent to Policy Terms - By making this Stretch IRA election, you agree to be bound by the policy provisions of the original contract, including withdrawal charges, forfeiture of any non-vested premium bonus and any applicable market value adjustment for withdrawals in excess of the annual penalty-free amount. You acknowledge receipt of a disclosure statement for the policy.

Distributions – I elect to receive my entire portion of the IRA with Required Minimum Distribution taken under the method described below that is applicable to me.

FOR NON SPOUSAL BENEFICIARY (ORIGINAL OWNER DATE OF DEATH BEFORE 01/01/2020)

Do NOT use this form if the original owner passed away before January 1st, 2020.

FOR SURVIVING SPOUSE BENEFICIARY

Do NOT use this form if you want to elect spousal assumption.

- (A) If the deceased IRA owner died before their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed the remaining life expectancy of the designated beneficiary based on a single life expectancy, recalculated annually. Payments must begin no later than the year the deceased IRA owner would have attained the age of 72, or, if later, the year after the death of the IRA owner.
- (B) If the deceased IRA owner died on or after their required beginning date, then: payment of the entire remaining interest must be made over a period not to exceed (a) the remaining life expectancy of the designated beneficiary or (b) the deceased Owner's remaining life expectancy, whichever is longer, and recalculated annually. Payments must begin no later than December 31st of the calendar year after the year of the deceased IRA owner's death.

“Required beginning date” is defined as April 1 of the year following the attainment of age 72.

FOR NON SPOUSAL BENEFICIARY (ORIGINAL OWNER DATE OF DEATH AFTER 01/01/2020)

- (A) If the deceased IRA owner died after January 1st, 2020, payment of the entire contract balance must be made within ten (10) years of the original owner's date of death.
- (B) In some cases you may qualify for an exception to the ten (10) year payout rule. Please review the criteria below and indicate which applies to you:

- I am less than 10 years younger than the decedent. I am chronically ill.* I am disabled.*
- Not Applicable (**No Exception Applies**)

*Oxford Life Insurance Company does not make any determination of chronic illness or disability status. Please consult your licensed physician if you have questions before completing this form.

FEDERAL AND STATE TAX WITHHOLDING

Withholding only applies to the taxable portion, i.e. income, of the payments you receive.

Federal withholding is generally at a 10% rate, but you may elect not to withhold any taxes.

We will assume that the entire withdrawal from an IRA or other eligible retirement plan is taxable, except for non-taxable qualified distributions from a Roth IRA. Federal withholding for distributions from qualified plans, including 401(k)s, is at a 20% rate; this withholding is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan. Federal withholding of distributions from non-qualified plans and personal plans, including IRAs, is at the default rate of 10% and is not mandatory.

Even if you elect not to have federal and/or state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. Additionally, in some states, even if you elect not to withhold state income tax, we may withhold state income tax if required by law. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail).

Specific state income tax withholding policies are noted below. For additional information, contact your state's taxation department and/or your tax advisor.

- **No Withholding:** We cannot withhold state income tax for residents of Alabama, Alaska, Arizona (for lump sum cash payments), Colorado, Delaware, the District of Columbia (for distributions other than lump sum distributions from retirement plans or accounts), Florida, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, Washington or Wyoming.
- **Required Withholding if Federal Tax Withholding Mandatory:** For residents of Arkansas, Maryland and North Carolina, with distributions eligible for rollover, or other distributions where federal withholding is mandatory, we must withhold state tax.
- **Required Withholding if Federal Tax Withheld:** For residents of the District of Columbia (for lump sum distributions from retirement plans or accounts), Iowa, Kansas, Maine, Oklahoma and Nebraska, we must withhold state taxes if federal taxes are withheld.
- **Required Withholding if Federal Tax Withheld, but may Elect Out:** For residents of Arkansas (for distributions not eligible for rollover), Georgia (for periodic payments), North Carolina (for distributions not eligible for rollover) and Vermont, you must have state income tax withheld if federal income taxes are also withheld, unless you specifically opt out of state income tax withholding. For residents of California, Massachusetts, Oregon and Virginia who opt out of federal income tax withholding, you are opted out of state income tax withholding as well; otherwise, in Massachusetts, Oregon and Virginia, state tax will be withheld. A resident of California who elects to have federal tax withheld can elect out of state withholding as well.
- **Voluntary Withholding:** For residents of Arizona (for periodic annuity payments), Connecticut, Georgia (for non-periodic payments), Indiana, Maryland (for distributions not eligible for rollover), Missouri, Montana, New Jersey, New Mexico, New York, Utah and West Virginia, state income tax withholding is voluntary.

Please complete the information that appears on pages 4-5.

ORIGINAL DECEASED IRA OWNER'S INFORMATION

CONTRACT NUMBER	
OWNER'S NAME	OWNER'S SOCIAL SECURITY NUMBER
JOINT OWNER'S NAME	JOINT OWNER'S SOCIAL SECURITY NUMBER
OWNER'S DATE OF BIRTH	OWNER'S DATE OF DEATH

INFORMATION REGARDING BENEFICIARY ELECTING STRETCH

BENEFICIARY NAME	RELATIONSHIP TO DECEDENT
BENEFICIARY'S STREET ADDRESS	CITY, STATE, ZIP CODE
BENEFICIARY'S DATE OF BIRTH	BENEFICIARY'S SOCIAL SECURITY NUMBER

SUCCESSOR BENEFICIARIES

To elect a successor beneficiary to receive the proceeds of this Contract in the event of the death of the beneficiary electing to Stretch the above named IRA, please name the beneficiaries below. DO NOT use this section if form is being submitted with a new application.

SUCCESSOR PRIMARY BENEFICIARY

NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%
NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%
NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%

SUCCESSOR CONTINGENT BENEFICIARY

NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%
NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%
NAME	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	SHARE%

IRA BENEFICIARY STATEMENT

By signing below, I acknowledge that I have read and understand the provisions of this form. I authorize and direct Oxford Life to administer the IRA and make distribution in accordance with this election form. I understand that Oxford Life, its employees, and its agents do not provide legal or tax advice and that I am responsible for obtaining legal and tax advice from other sources. I understand that, while Oxford Life will provide the IRA with information regarding the fact that a minimum distribution must be made in connection with the policy, I am solely responsible for requesting that the distribution be made and I am solely responsible for all legal and tax consequences arising from my election to Stretch an IRA with Oxford Life.

Was this policy previously registered as an Inherited/ Stretch IRA?

Yes

No

— If yes, in what year was the first Stretch RMD payment made? _____, AND

— What factor was used to make the Stretch RMD payment in the previous year? _____

AUTHORIZATION FOR DIRECT DEPOSIT

Please select **ONE** of the following methods of payment. If no option is selected, the proceeds will be mailed to the owner's address of record.

- 1) **Mail a Check** to the address of record (not available for recurring or automatic interest withdrawals)
- 2) **For Faster Delivery- Direct Deposit** (the bank account information below **MUST** be completed)

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
BANK ACCOUNT OWNER NAME	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

Your Name	
Your Address	
-VOID-	
Routing Number	Account Number
123456789	1234567

For checking accounts, attach a voided check here. Deposit slips and starter checks are not accepted. For savings accounts, you must include a letter from your bank or financial institution on their letterhead, including the account and routing number, the owner(s) on the account, and signed by an authorized party at the bank or financial institution.

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all contract payments due to me and to charge the referenced account to reserve any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the Financial Institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Dated this _____ day of _____, 20_____.

SIGN
HERE

Signature – Bank Account Owner