



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 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.

- ❖ **Mail to: Oxford Life Insurance Co.**
575 D'Onofrio Drive, Suite 100
Madison, Wisconsin 53719
- ❖ **Fax to: (877) 584-2777**
- ❖ **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.



ANNUITY CLAIM FORM

DECEASED INFORMATION		
FIRST	MIDDLE	LAST
DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
POLICY 1	POLICY 2 (IF APPLICABLE)	POLICY 3 (IF APPLICABLE)

Note: In the box below, please list the beneficiary's name, OR the name of the Trust, OR "the estate of (insured's name)." Refer to page 6 "Claim Requirements" for additional information.

BENEFICIARY INFORMATION				
NAME OF BENEFICIARY/TRUST/ESTATE				BENEFICIARY SOCIAL SECURITY NUMBER
NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICIARY)				SOCIAL SECURITY NUMBER/TAX ID
MAILING ADDRESS				
CITY	STATE	ZIP	LANDLINE NUMBER	MOBILE NUMBER
EMAIL ADDRESS			RELATIONSHIP TO DECEASED	
ARE YOU CURRENTLY A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY RESIDING IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				

TAX WITHHOLDING ELECTION

The taxable portion of payments is subject to 10% income tax withholding. You may elect not to withhold or you may elect to withhold 10% or more for federal tax. If you do not make a withholding election, or if you do not specify a withholding percentage, 10% federal income tax and any required withholding of state income tax will be withheld on the taxable portion of the proceeds paid to you.

Please select ONE of the following options:

- 1) DO NOT withhold federal or state income tax from my withdrawal.
- 2) Withhold _____% federal income tax from the taxable portion of my withdrawal.
- 3) Withhold _____% state income tax from the taxable portion of my withdrawal.

Note: Even if you elect not to have income tax withheld, or if you do not have enough tax withheld, you are liable for federal and state income tax and may also be subject to tax penalties. Please consult your tax advisor for additional information on tax withholding. If you reside in AR, GA, ME, MI, NC, OR, MD, or VA— we must withhold state tax, unless you elect not to withhold tax using your state's specific form.

SETTLEMENT OPTIONS

If a settlement option was selected during the policy owner's lifetime, any remaining payments will be made pursuant to the settlement option previously selected by the owner. Some options listed below may not be available under the terms of the policy or may not be applicable to your situation. Please contact us regarding the settlement options available to you should you have any questions. **Please select one of the following options:**

- 1) Lump Sum (This is the only option if the beneficiary is not a natural person)
- 2) Life Income Only
- 3) Period Certain of _____ Years (5-20 years)
- 4) Life Income with Period Certain of _____ Years (5-20 years)
- 5) Surviving Spouse Assumption of Ownership (This settlement option is only available if the spouse is the sole primary beneficiary. If selecting this option, you must also submit a Spousal Continuation Request Form.) (found on www.oxfordlife.com)
- 6) Stretch IRA Election (The availability of this settlement option and the period over which withdrawals must be taken, as well as when withdrawals must begin, depend on whether the beneficiary is a surviving spouse and whether the IRA owner died before his or her required beginning date for required minimum distributions. If selecting this option, you must also submit an IRA Stretch Form.) (found on www.oxfordlife.com)

Note: It is important to consult with a tax advisor to determine any significant tax consequences.

ONCE PAYMENTS HAVE STARTED, THE METHOD/TERM CANNOT BE CHANGED.

METHOD OF PAYMENT

Please select ONE of the following options:

- Mail a Check** to the beneficiary's address listed above **For Faster Delivery- Direct Deposit**
(MUST complete below bank information)

The beneficiary must also be the owner of the bank account.

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 123456789	Account Number 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.

SUBSTITUTE FOR IRS FORM W-9

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

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security number or taxpayer identification number; 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 notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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 of underreporting interest or dividends on your tax return. Cross through line item 3 if you are not a U.S. citizen or other U.S. person and complete and return to us the applicable IRS Form W-8BEN-E or W-8BEN.

SIGNATURES AND CERTIFICATIONS

For New York State residents only: 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 shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

I hereby certify that:

- 1) The answers recorded in this Annuity Claim Form are true and complete;
- 2) I make claim to the proceeds;
- 3) I agree that the Company's furnishing of this Annuity Claim Form and any supplemental forms are not an admission that insurance was in force on the decedent's life, nor is it a waiver of its rights or defenses. This form is provided without prior verification of coverage and without any assurances that the person completing this form will be the appropriate payee or beneficiary;
- 4) If I am overpaid, I agree to repay the amount overpaid to me. This can include a payment more than I am entitled to under this life insurance policy or receipt of a payment intended for another party. I also understand that if I fail to repay the overpayment, additional steps, including legal action, may be taken to recover the over payment. I understand I also may be responsible for any fees, including but not limited to legal fees associated with the attempt to recover the overpayment;
- 5) I acknowledge that I have received, read, and understand the applicable fraud notice for my state of residence attached to this form; and
- 6) I certify that the original pages to this policy are lost; or if those policy pages are in my possession, that those original policy pages will either be returned to the Company with this claim packet or will be destroyed by me.

SIGN
HERE

Beneficiary's/ Representative's Signature

Beneficiary's/ Representative's Printed Name Date

If the beneficiary is NOT an individual, or you are signing on behalf of the beneficiary, check the box that describes the capacity in which you are signing and submit all legal documentation representing your specific title:

- Personal Representative/ Executor Trustee Conservator Officer Guardian
 Power of Attorney Other Title: _____

Please refer to the Instructions (cover page) to determine if a Medallion Signature Guarantee is required. If required, present this Annuity Claim Form to your bank and have them affix an MSG stamp in the designated area below.



Medallion Signature Guarantee

SUBMISSION INSTRUCTIONS

Please refer to the Instructions (cover page) for specifics on how to submit your completed form. Please ensure that all required signatures, dates, documents, and Medallion Signature Guarantee, if required, are included. Additionally, if direct deposit has been selected as your method of payment, ensure that a voided check (for checking accounts), or a letter from the bank or financial institution (for savings accounts) has been included.

Note: Pages 2-5 must be completed and returned with all required documents in order to prevent delays in processing.

CLAIM REQUIREMENTS

Please review the requirements listed below, and include all required documents with your claim.

- The form must be signed, dated, and pages 2-5 must be returned.
- Each beneficiary must complete a separate Annuity Claim Form.
- Do not use correction fluid; cross out and initial any corrections.
- Include an original, raised seal death certificate indicating the final cause of death. Copies will not be accepted.
- Please refer to the Instructions Page (cover page) to determine how many forms of Identification must be submitted, and whether a Medallion Signature Guarantee is required.
- Submit a copy of the obituary, funeral home invoice, or cremation certificate.
- If the beneficiary is deceased, a copy of their death certificate must be submitted.
- If you reside in one of the following states and have elected NOT to have taxes withheld, you must complete your state's specific form: Arkansas- AR-4P; Georgia- G-4P; Maine- W-4ME; Michigan- MI W-4P; North Carolina- NC-4P; Oregon- OR W-4P; Maryland- MW507P; and Virginia- VA-4P.

We may require other documentation depending on the specific circumstances of your claim.

TRUST (if the beneficiary is a Trust)

- Submit the entire copy of the trust.
- Provide a TIN for the trust for tax reporting purposes.
Example of a properly completed Trust Name: Jane Doe Trust.
- Complete and submit a Certification of Trustee Powers form.
- Each current trustee must sign unless the trust document confers on one trustee the authority to act alone. If more than one trustee is required to sign, attach additional copies of the signature page.

ESTATE OF INSURED (if the beneficiary is no longer living)

- Complete the Beneficiary Information section with the estate's information.
Example of a properly completed Beneficiary's name: Estate of Jane Doe.
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's personal representative.
- **Important Note - Small Estates.** The estate may qualify as a "small estate" under the small estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we are required to collect a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult with your attorney or tax advisors for more information on "small estates."

CORPORATION (if the beneficiary is a Corporation)

- Complete the Beneficiary Information section with the corporation's information.
Example of a properly completed Beneficiary's Name: ABC Corporation.
- Provide a copy of the corporate resolution evidencing the officer's signing authority.

MINOR/CHILD (if the beneficiary is a minor/child)

- Complete the Beneficiary Information section with the minor's information.
Example of a properly completed Beneficiary's Name: Jane Doe, minor.
- Submit a copy of the court document appointing the conservator or guardian of the minor's property/estate (not required if the beneficiary designation named a custodian to claim the funds for the minor under UTMA/UGMA; however, not all states have adopted UTMA/UGMA). (**Note:** Some states provide that the appointment of a guardian over the minor's "person" does not provide authority for the guardian to act on behalf of the minor's estate/property).

FEDERAL AND STATE TAX WITHHOLDING

- Generally, withholding only applies to the taxable portion of the payment you receive. We will assume that the entire amount distributed from an IRA or other qualified plan is taxable, except for non-taxable qualified distributions from a Roth IRA. If you have questions, please consult with a tax professional. We do not provide tax advice.

NON-RESIDENT ALIENS OR FOREIGN ENTITIES

- Complete and submit an original IRS form W-8BEN-E or other applicable form W-8.
- As a non-resident alien or foreign entity, your taxable income is subject to 30% U.S. federal tax withholding unless you qualify for a lower withholding under a tax treaty. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a form W-7 to the IRS. IRS forms W-8 and W-7 are available on the IRS website at www.irs.gov or by contacting them at 1-800-829-1040.

STATE SPECIFIC FRAUD STATEMENTS

FOR YOUR PROTECTION – THE LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM

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: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California and 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.

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, denials 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 purpose 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, Idaho: 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.

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.

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 or 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 N.H. Rev. Stat. Ann. § 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 or a loss of 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 fact 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.

Oregon: 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 statement may be 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 by 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.

Tennessee, Virginia and 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.