

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** pages, along with any required documents via the return method identified below. Questions? Please call (866) 641-9999.

REQUIRED DOCUMENTS

- 1 CLAIM FORM**
 - Complete all applicable fields and return ALL pages of the form
 - Remember to sign in both the “Substitute Form W9” section AND the “Signatures and Certification” section of this form
 - Your signature must be a “wet” signature (electronic signatures are prohibited)
 - A separate claim form must be submitted for each Beneficiary
- 2 PROOF OF DEATH**
 - Submit a certified copy of the death certificate indicating the final cause of death
 - If available, submit a copy of the obituary, funeral home invoice, or cremation certificate
 - Submit a copy of the death certificate for any deceased Beneficiary(s)
- 3 IDENTIFICATION**
 - Submit a LEGIBLE, VALID (not expired), SIGNED form of ID of the Beneficiary from the list below
- 4 METHOD OF PAYMENT**
 - If the disbursement to you will be by CHECK, and the address on your ID does not match the address you list on this form, please submit ONE “Proof of Address” from the list below
 - If the disbursement to you will be by DIRECT DEPOSIT, please submit ONE proof of your “Bank Account Information” from the list below
- 5 ADDITIONAL DOCUMENTS**
 - If you are filing this claim as a Power of Attorney over the Beneficiary, please submit all pages of your Power of Attorney documents
 - If you are filing this claim on behalf of a Trust, Estate, Corporation, minor Beneficiary, etc., please refer to the “Claim Requirements” page of this form for additional document requirements

DISCLAIMER: We will run your account and address information through our database to verify where funds are being sent. If we are unable to verify your account or address, or there is a discrepancy with any of the information provided on the form, we reserve the right to request additional alternative forms of identification or other documents.

ACCEPTABLE TYPES OF DOCUMENTS

Signed Forms of ID	Bank Account Information	Proof of Address
<ul style="list-style-type: none"> • Valid (not expired) Driver’s License / Government / State Issued ID • Passport • Social Security Card • Military ID • Green Card • Voter Registration Card <p>ID MUST BE LEGIBLE & SIGNED</p>	<p>Submit a voided check (not a starter check)</p> <p>OR</p> <p>Submit a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the <u>complete</u> account number.</p>	<ul style="list-style-type: none"> • Utility Bill (i.e. gas, electric, telephone) • Bank or Credit Card Statement • Vehicle registration • State / Federal Tax Document • Other Financial Institution Document <p>PROOF OF ADDRESS ITEM CANNOT BE OLDER THAN SIXTY (60) DAYS</p>

RETURN METHOD

All documents may be emailed, mailed, faxed, or uploaded to us at OxfordLife.com

EMAIL: LifeClaims@OxfordLife.com

MAIL: 708 Heartland Trail Ste 1800 Madison, WI 53717

FAX: 877-584-2777

UPLOAD: OxfordLife.com, click on “Policyholders” at the top of the page, scroll to the “Upload Death Claim Forms” icon

IRA BENEFICIARY STRETCH ELECTION FORM
(ORIGINAL OWNER DATE OF DEATH PRIOR TO
01/01/2020)

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

Acknowledgment 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 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 RMD age, 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 1st of the year following the attainment of the applicable age.

FOR NON-SPOUSAL BENEFICIARY (ORIGINAL OWNER DATE OF DEATH PRIOR TO 01/01/2020)

- (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. Payments will be based on the life expectancy used to calculate the first distribution reduced by one for each subsequent year. Payments must begin no later than 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. Payments will be based on the life expectancy used to calculate the first distribution reduced by one for each subsequent year. 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 1st of the year following the attainment of the applicable age.

- (C) Timely election to receive distributions from an Inherited IRA based on a life expectancy as provided within the income tax regulations is solely the responsibility of the IRA beneficiary.

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		TELEPHONE NUMBER () --
MAILING ADDRESS		RELATIONSHIP
CITY	STATE	ZIP + 4
BENEFICIARY DATE OF BIRTH / /	BENEFICIARY SOCIAL SECURITY NUMBER --- ---	BENEFICIARY EMAIL

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.

Note:

- For each beneficiary give full, **legal** name, address, date of birth, Social Security number, telephone number, relationship to insured, and percentage of death benefit.
- The sum of percentages for each beneficiary type (primary and contingent) must equal 100%. If percentages are left blank, all beneficiaries will receive equal shares.
- If you wish to designate more than TWO primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries including all details requested in the beneficiary designation section.
- If a TRUST is being named as a beneficiary, please submit a Certification of Trust form as well as ALL pages of the trust documents for processing
- **NOTE:** the following states prohibit funeral homes, mortuaries, and/or crematories, from being named Beneficiaries: **FL, GA, MD, MI, MT, NJ, OK, SD, TN, and TX.**

NOTE: For Annuity contracts; if married, your spouse must be the only primary beneficiary.

SUCCESSOR **PRIMARY** BENEFICIARY(S)

BENEFICIARY 1		PERCENTAGE	TELEPHONE NUMBER () --
MAILING ADDRESS			RELATIONSHIP
CITY	STATE		ZIP + 4
BENEFICIARY DATE OF BIRTH / /	BENEFICIARY SOCIAL SECURITY NUMBER --- ---	BENEFICIARY EMAIL	
BENEFICIARY 2		PERCENTAGE	TELEPHONE NUMBER () --
MAILING ADDRESS			RELATIONSHIP
CITY	STATE		ZIP + 4
BENEFICIARY DATE OF BIRTH / /	BENEFICIARY SOCIAL SECURITY NUMBER --- ---	BENEFICIARY EMAIL	

SUCCESSOR **CONTINGENT** BENEFICIARY(S)

BENEFICIARY 1		PERCENTAGE	TELEPHONE NUMBER () --
MAILING ADDRESS			RELATIONSHIP
CITY	STATE		ZIP + 4
BENEFICIARY DATE OF BIRTH / /	BENEFICIARY SOCIAL SECURITY NUMBER --- ---	BENEFICIARY EMAIL	
BENEFICIARY 2		PERCENTAGE	TELEPHONE NUMBER () --
MAILING ADDRESS			RELATIONSHIP
CITY	STATE		ZIP + 4
BENEFICIARY DATE OF BIRTH / /	BENEFICIARY SOCIAL SECURITY NUMBER --- ---	BENEFICIARY EMAIL	

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? _____

Please complete the following information regarding payment of the Required Minimum Distribution:

Mode Requested:

Start Date (MM/DD/YYYY)_____

☐ Monthly*

☐ Quarterly*

☐ Semi-Annually*

☐ Annually*

***Note: If any option other than “Annually” is chosen, you must choose direct deposit on page 8.**

RMD For Year of Death: If the deceased IRA owner attained RMD age before January 1st of the year of death, please check one of the following boxes confirm whether the year of death required minimum distribution will be taken from this policy:

Note: Any withdrawals taken from a policy in the first year will be assessed penalties. If this form is being submitted with a new application, the RMD should be taken prior to transfer.

☐ No, the required minimum distribution was satisfied elsewhere.

☐ Yes, please distribute the year of death required minimum distribution from this policy.

TAX WITHHOLDING ELECTION

NOTE: ONCE FUNDS ARE DISTRIBUTED TO YOU, WE (THE COMPANY) ARE UNABLE TO REVERSE FEDERAL OR STATE TAX WITHHOLDINGS

FEDERAL TAX WITHHOLDING:

You may request to have zero (0%) federal income tax withheld OR you may request to have a minimum of ten (10%) federal income tax withheld by making the appropriate selection below.

If federal withholding of less than 10% is requested or if no election is made, the distribution will be processed with 10% withholding. Consult your tax advisor for more information.

Please select ONE of the following options:

- 1) ☐ DO NOT withhold FEDERAL income tax from my withdrawal.
- 2) ☐ Please withhold _____% FEDERAL (10% minimum) income tax from the taxable portion of my withdrawal.

STATE TAX WITHHOLDING:

If state income tax withholding is mandatory in your state, and you do not make a state tax withholding election, or you request withholding less than the required amount in your state, we will withhold state income tax at the rate required by your state unless you submit a state-specific tax exemption form with this request. If state income tax is not mandatory in your state, and you do not make a state tax withholding election, we will not withhold state income taxes from your distribution. Consult your tax advisor for more information.

Please select ONE of the following options:

- 1) ☐ DO NOT withhold STATE income tax from my withdrawal, if an independent election is permitted
- 2) ☐ Please withhold _____% STATE income tax from the taxable portion of my withdrawal.

REQUIRED SIGNATURES ON NEXT PAGE

METHOD OF PAYMENT

Please select **ONE** of the following options. If no option is selected, the proceeds will be mailed to the owner's address of record. Once payments have started, the method/term cannot be changed.

1) ☐ **MAIL A CHECK** to the address of record (Not available if requesting recurring monthly disbursements)

OR

2) ☐ **DIRECT DEPOSIT** (Must be selected if requesting recurring monthly disbursements)

☐ **CHECKING ACCOUNT**

☐ **SAVINGS ACCOUNT**

- For direct deposits, mark either "Checking Account" or "Savings Account" above
- The beneficiary must be the owner of the bank account provided
- Submit a voided check (not a starter check) or a bank-issued letter, on bank letterhead, verifying the account owner(s) name, the complete routing number, and the complete account number
- If a voided check or valid bank letter is not submitted, a check will be mailed instead

SIGNATURES

SIGN
HERE

Signature of IRA Beneficiary

Printed Name

Date

DISCLOSURES AND AUTHORIZATIONS

Direct Deposit Authorization

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.

SIGN
HERE

Signature of Bank Account Owner

Printed Name

Date