



**ANNUITY CLAIM FORM**

1. Please read all instructions carefully and complete all applicable sections of this form.
2. Unclear or missing information may delay or prevent processing.
3. Completing these forms is not a guarantee of payment by the Company.

**DECEASED INFORMATION**

NAME OF DECEASED	FIRST	MIDDLE	LAST
DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER	
POLICY 1	EFFECTIVE DATE	POLICY 2	EFFECTIVE DATE
POLICY 3	EFFECTIVE DATE		

**BENEFICIARY INFORMATION**

NAME OF BENEFICIARY	FIRST	MIDDLE	LAST	BENEFICIARY SOCIAL SECURITY NUMBER
NAME OF INDIVIDUAL COMPLETING CLAIM FORM (IF NON-INDIVIDUAL BENEFICIARY)				SOCIAL SECURITY NUMBER/TAX ID NUMBER
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 a higher withholding rate. 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.

Please select one of the following options:

- DO NOT withhold federal or state income tax from my withdrawal.
- Withhold \_\_\_\_\_ % federal income tax from the taxable portion of my withdrawal.
- Withhold \_\_\_\_\_ % state income tax from the taxable portion of my withdrawal.

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 on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. Please consult your tax advisor for additional information on tax withholding. Michigan residents – we must withhold state tax, unless you elect not to withhold using Form MI W-4P.

## 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 questions.

- Lump Sum (This is the only option if the beneficiary is not a natural person)
- Life Income Only
- Life Income with Period Certain: \_\_\_\_ years (5-20)
- Period Certain: \_\_\_\_ years (5-20)
- 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. (SPCONT-OLIC Rev 3-2017 found on [www.oxfordlife.com](http://www.oxfordlife.com))
- 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 Beneficiary Stretch Election Form. (AN271C Rev 12-2 found on [www.oxfordlife.com](http://www.oxfordlife.com))

**It is important to consult a tax advisor to determine any significant tax consequences.**  
**Please note: Once payments have started, the method/term cannot be changed.**

## PAYMENT OPTIONS


- Mail check to beneficiary's address listed above
- Direct Deposit **Checking Account Only**  
(Please follow instructions below)

**The beneficiary must also be the owner of the bank account**  
**Please attach a voided, pre-printed check with tape in the area below.**  
**Deposit slips and starter checks cannot be used for direct deposit.**

Account Holder(s) Name 1025  
123 State Street  
Your Town, USA 12345

DATE \_\_\_\_\_

PAY TO THE ORDER OF **VOID** \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS  Security Features Included. Details on Back.

Routing Number Account Number

MEMO \_\_\_\_\_

⑆000000000⑆ ⑆000000000⑆ 1025

## 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 Taxpayer Identification Number or Social Security Number.
2. I am not subject to backup withholding, or am exempt from backup withholding.
3. I have attested to U.S. Citizenship and residence questions.
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 underreported 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.**

## CERTIFICATIONS AND SIGNATURES

**I acknowledge that I have received, read and understand the applicable fraud notice for my state of residence attached to this form.**

**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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Please check if original Policy has been lost or destroyed

**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 is not an admission that insurance was in force on the deceased'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 overpayment. 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.**

**If the beneficiary is not an individual, check one of the following:**

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

_____ Beneficiary's/Representative's Signature	_____ Beneficiary's/Representative's Printed Name	_____ Date
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**Please note: Pages 1, 2, and 3 must be completed and returned in order to prevent delays in processing.**

## CLAIM REQUIREMENTS

Please review the requirements listed below.

- The form must be signed, dated, and all pages 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. Copies will not be accepted.
- Submit copies of two forms of government issued identification. If the claim proceeds exceed \$50,000, a third form of government issued identification is required.
- Submit a copy of the obituary or funeral home invoice.

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

### TRUST

- Submit entire copy of 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

- 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 require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on “small estates”.

### 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.

### PARTNERSHIP

- Complete the Beneficiary Information section with the partnership's information.  
*Example of a properly completed Beneficiary's Name:* ABC Partnership.
- Provide a copy of the partnership agreement or a resolution evidencing signing authority of the person signing the claim form.

### 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 a tax professional. We do not provide tax advice.

## CLAIM REQUIREMENTS

### 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 lower withholding under a tax treaty. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a US taxpayer identification number in Part I and all applicable fields in Part II must be completed. A US 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 web site at [www.irs.gov](http://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 or 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 RSA § 638:20.

## STATE SPECIFIC FRAUD STATEMENTS

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

**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 of a loss or benefit or knowingly presents false or fraudulent 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.

### Christian Fidelity Life® Mailing Address and Contact Information

Regular or Overnight Mail	575 D'Onofrio Drive, Suite 100, Madison, WI 53719
Fax	(877) 584-2777
Email	LifeClaims@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com