

Claimant statement



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | **Email:** SecuritiesPi@sfgmembers.com

Instructions

Death Claim Documentation Requirements

- Original Certified Death Certificate (Must include cause of death and raised seal)
 - A copy of the death certificate is acceptable if the total amount of all claims is less than \$500,000 **and** death occurred within the United States.
- Claimant Statement form
- Any additional requirements listed below or requested by Sammons Institutional Group®, Inc. (SIG).

Special Instructions and Additional Requirements

- If the proceeds are payable to the Estate, the executor or administrator of the decedent's estate must complete the Claimant Statement form. A Court Certificate of Appointment is also required. Also, a separate Tax Identification number for the Estate is required. A decedent and their Estate are considered separate taxable entities and therefore the Estate will need to apply for a Tax Identification number or Employer Identification number (EIN). Please consult your tax advisor for additional tax filing questions.
- If the proceeds are payable to a Trust, a completed Certification of Trust Agreement form is required. For questions on how to complete this form, please consult with and rely upon your legal professional or trust preparer.
- If the proceeds are payable to a minor or incompetent beneficiary, the guardian of the estate of the minor or incompetent beneficiary must complete the claimant statement. A Court Certificate of Appointment is also required.
- If the proceeds are payable to a beneficiary with a Power of Attorney and the Power of Attorney completes the claimant statement, a copy of the appointment paper is required.
- If a beneficiary is deceased, a Certified Death Certificate is required.
- If the death occurred outside of the United States, the official death certificate issued in the country where the death occurred and a completed Foreign Death Questionnaire form are required.
- If required by state regulations, a state tax consent form is required.
- If the proceeds are payable to a beneficiary who is not a U.S. Citizen, an IRS W-8 BEN form is required. Please contact the IRS for help on how to complete this form.
- If the claimant's name is different than what was listed by the account holder, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).

1. Account information

Any person who knowingly and with intent to defraud any 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. Such person may be subject to fines and/or confinement in prison.

Account number	Additional account number	Additional account number
Decedent's name (first, middle initial, last)		SSN/EIN

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

2. Claimant information

Claimant's name (first, middle initial, last)			SSN/EIN
Non-natural entity (if applicable)			TIN
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____			DOB/Trust date (mm/dd/yyyy)
Street address			Apartment/Suite number
City	State	ZIP	Phone number

In what capacity do you file this claim?

☐ Individual ☐ Trustee ☐ Executor of estate ☐ Other: _____

3. Settlement options

Please choose **ONE** of the following 3 options:

☐ **Option 1 – Lump sum payment**

☐ Lump sum via check (Not available by electronic funds transfer (EFT). (Will be mailed to claimant listed in section 2.)

☐ **Option 2 – Spousal continuance**

Available only if you are the decedent account holder's spouse and the sole primary beneficiary. By choosing the spousal continuation option, you will become the new account holder. You also need to name a beneficiary(ies) to receive the account proceeds in the event of your death.

If you are selecting this option, please complete the Beneficiary Information section on page 3.

☐ **Option 3 – Inherited IRA distribution option (multi-generational distribution option)**

Available only if the contract is a Traditional IRA, SEP-IRA, or Roth IRA.

If the account proceeds are being placed in a new LiveWell® Mutual Fund IRA, a Claimant Statement form, application, transfer form, and Inherited IRA distribution option form must be received in good order prior to processing this request.

If the account proceeds are being placed with another company, a transfer form and the receiving company's letter of acceptance are required.

4. Beneficiary information

If Option 2 has been chosen, please complete the Beneficiary information. If additional beneficiaries need to be designated, please provide information on an additional sheet of paper that is signed and dated.

Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Select one: <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita		
1. Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	DOB (mm/dd/yyyy)	
Mailing address	Phone number	
Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Select one: <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita		
2. Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	DOB (mm/dd/yyyy)	
Mailing address	Phone number	

4. Beneficiary information (continued)

Select one: ☐ Primary ☐ Contingent | Select one: ☐ Per stirpes ☐ Per capita

3. Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	DOB (mm/dd/yyyy)	
Mailing address	Phone number	

Select one: ☐ Primary ☐ Contingent | Select one: ☐ Per stirpes ☐ Per capita

4. Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	DOB (mm/dd/yyyy)	
Mailing address	Phone number	

Select one: ☐ Primary ☐ Contingent | Select one: ☐ Trust

5. Full trust name	Trust date (mm/dd/yyyy)	Tax ID number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trustee DOB (mm/dd/yyyy)	Trustee SSN
Trustee mailing address	Trustee email address		

5. Payee information

Please complete Primary payee information only if different than the Account Holder.

Primary payee's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	SSN/EIN
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6. Method of payment

If Option 1 has been chosen, please complete the Method of Payment information.

Please check one of the following options. If no election is indicated, a check will be mailed to you.

- ☐ I would like the proceeds to be paid to me by check and sent to the mailing address listed under Contract Information.
- ☐ I would like the proceeds to be sent via Automated Clearing house (ACH) to the financial institution indicated below. I understand the proceeds will arrive in my account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit proceeds into my account. **Please attach a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.**

Financial Institution's name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing number (ABA#)	Account number

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

7. Federal election of withholding

See the instructions on pages 5-6 and Marginal Rate Tables for additional information.

Your withholding rate is determined by the type of payment you will receive.

- For non-periodic payments, the default withholding rate is 10%. You can choose to have a different rate withheld by entering a rate between 0% and 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%.

☐ I would like the default withholding rate.

☐ I would like a rate of withholding that is different from the default withholding rate.

_____ % Enter the rate (percent) as a whole number (enter a rate between 0% and 100%, no decimals)

8. State election of withholding

Important state tax withholding information: If you reside in a state that requires tax withholding, we will withhold state income tax in accordance with the respective state's rules.

Withhold state taxes - (select yes or no)

☐ No ☐ Yes _____ %

9. Acknowledgements and signature

The undersigned claimant agrees to hold harmless and indemnify SIG and its subsidiaries and affiliates, and all its officers, directors, employees, and legal representatives from and against any and all liabilities, claims, damages, causes of action, costs, and expenses (including without limitation legal expenses, settlement costs, and reasonable attorney's fees) arising from SIG's payment of the death claim proceeds to the Beneficiary in connection with the mutual fund account for which this claim is made.

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA Patriot Act, which requires banks, including the bank we utilize for your Access Account, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank.

I do hereby make claim to said account, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any account active at the time this claim was submitted.

Taxpayer certification

Under penalty of perjury, my signature certifies 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);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service 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;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

Elections made on this claimant statement are a full and final settlement once proceeds have been processed.

Claimant's name (please print)	
Claimant's signature	Date signed (mm/dd/yyyy)
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General Instructions and Marginal Rate Tables for withholding for non-periodic payments and eligible rollover distributions.

Use the information provided on pages 5-6 to guide you in completing withholding section 7, page 4.

General Instructions

Section references are to the Internal Revenue Code.

Future developments - For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose - Complete section 7, page 4, to have payers withhold the correct amount of federal income tax from any non-periodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement account (IRA). See pages 5-6 for the rules and options that are available for each type of payment.

Caution - If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may also owe a penalty, unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a non-periodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the following page for more information on how to use this table.

Single or married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Non-periodic payments—10% withholding - Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate in section 7, page 4. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-”. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its possessions.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding - Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% in section 7, page 4. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, (b) distributions required by federal law, such as required minimum distributions (c) Eligible distributions to a domestic abuse victim, (d) Qualified disaster recovery distributions, (e) Qualified birth or adoption distributions, and (f) Emergency personal expense distributions. See Pub. 505 for details. See also Non-periodic payments—10% withholding above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” in section 7, page 4. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

More withholding - If you want more than the default rate withheld from your payment, you may enter a higher rate in section 7, page 4.

Less withholding (non-periodic payments only) - If permitted, you may enter a lower rate in section 7, page 4 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding - Consider using the Marginal Rate Tables on page 5 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in section 7, page 4. (*See Example 1 below.*)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in section 7, page 4. (*See Example 2 below.*)

If you prefer a simpler approach (but one that may lead to over-withholding), find the rate that corresponds to your total income including the payment and enter that rate in section 7, page 4.

Examples - Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1 - You expect your total income \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter "22" in section 7, page 4.

Example 2 - You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" in section 7, page 4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your non-periodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your non-periodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your non-periodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding of your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.