

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 \$350,000 **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.
- 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, new business paperwork, and an Inherited IRA Transfer Request 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: Primary Contingent | Select one: Per stirpes Per capita

1. 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

2. 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

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 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. Election of withholding

Federal/State withholding instructions: Please indicate if Federal/State Income taxes should be withheld from your payment(s) by signing and dating this election form and returning it to SIG. If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals. **Even if you elect NOT to have Federal/State Income taxes withheld, you are liable for Federal/State Income taxes on the taxable portion of your account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate. If no election is made, a 10% federal income tax will be automatically withheld.**

I elect the following:

Federal: Do not withhold Withhold _____% or \$ _____

State: Do not withhold Withhold _____% or \$ _____

Important state tax withholding information: Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

Note: If no election is made, a 10% federal income tax and, if required, applicable state taxes will be automatically withheld.

7. 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)
<input type="text"/>	<input type="text"/>

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