

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 \$350,000 **and** death occurred within the United States.
- Annuity Claimant Statement form
- Any additional requirements listed below or requested by Midland National® Life Insurance Company

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 owner, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).

1. Contract 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.

Contract number	Additional contract number	Additional contract number
Decedent's name (first, middle initial, last)		Social Security number

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)			Social Security number
Non-natural entity (if applicable)			Tax Identification number
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 5 options:

Option 1 – Lump sum payment

Lump sum via check or Automated Clearing House (ACH).

Option 2 – Spousal continuance

Available only if you are the decedent owner's spouse and the sole primary beneficiary. By choosing the spousal continuation option, you will become the new owner of the contract. You also need to name (a) beneficiary(ies) to receive the contract 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)

Contract set up with Midland National — new business paperwork must be received and be in good order prior to our making payment.

Contract set up with an external transfer company — a transfer form and letter of acceptance are required including a corporate resolution or signature guarantee.

Spousal transfer to an external company — if you are a spouse of the deceased and are electing to transfer to your own Contract, a transfer form and letter of acceptance including a corporate resolution or a signature guarantee are required.

Option 4 – Non-Qualified Stretch

Available if you are a beneficiary on a non-qualified contract and choose to have the death benefit paid out over a period of time based on your life expectancy. This option is not available to beneficiaries that are trusts, estates, or charities.

If contract proceeds are being placed in a new LiveWell Annuity, a Claimant Statement form, New Business paperwork, and Non-Qualified Distribution Option form must be received and be in good order prior to processing this request.

If contract proceeds are being placed with another company, 1035 Exchange paperwork and the receiving company's letter of acceptance are required.

Option 5 – Annuity Payment Plan*

Please choose a payout election below. Please note that this is a final election that, once processed, cannot be changed or reversed. If you are selecting this option, please complete the beneficiary information section below.

Please select ONE Annuity Payment Plan election:

IMPORTANT: For qualified plans, a beneficiary must draw down his or her entire inherited interest within 10 years. An annuity payment plan over 10 years is not available. Plans for 5 years minimum to 9 years maximum are available.

Election A – Income for a Specified Period

Proceeds paid in equal installments for the duration of the specified period only. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. Installments are paid for a period of 5 to 20 years. Additional payment periods may be available. Please contact Midland National for additional options.

Number of years: _____ (minimum of 5 years, maximum of 20 years)

Settlement options continued on page 3 ►

Election B – Life Only Income

Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, payments will cease.

Please supply a copy of the payee's driver's license or birth certificate and complete the Life Only Disclaimer Form.

Election C – Life Income with Installments for Specified Period Certain

Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. Installments are paid for a period of either 10 or 20 years. Additional payment periods may be available. Please contact Midland National for additional options. Please supply a copy of the payee's driver's license or birth certificate.

10 years 20 years

Election D – Income of a Specified Amount

Proceeds paid in equal installments to the primary payee until the proceeds, together with the interest thereon, are exhausted. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary.

\$ _____ (monthly minimum of \$20)

Election E – Joint and Survivor Income

Proceeds are paid during the lifetimes of both the primary and contingent payees. Upon the death of either payee, payments continue to the survivor for:

100% of original amount 67% of original amount 50% of original amount

Please complete the Payee information section on page 4 and supply a copy of the payee's and contingent payee's driver's licenses or birth certificates and complete the Life Only Disclaimer Form if not electing a specified period.

*** If Option 5 is elected, please elect the frequency in which you would like to receive your annuity payments. If no frequency is chosen, it will default to annually:**

Monthly Quarterly Semi-Annually Annually

4. Beneficiary information

If Option 2 or 5 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)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address†	Phone number	

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

2. Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address†	Phone number	

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

3. Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to decedent owner	DOB (mm/dd/yyyy)	
Mailing address†	Phone number	

† If your mailing address is different than your street address, please list on a separate piece of paper with the owner's signature and date.

4. Beneficiary information (continued)

Select one: Primary Contingent | Select one: Trust

4. Full trust name	Tax Identification number	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Trustee email address	

5. Payee(s) information

Please complete Primary payee information only if different than the owner.

Please complete Contingent Payee only if choosing Option 5, Election E.

Primary payee's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Social Security number
Contingent payee's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Social Security number

Relationship to primary payee:

Spouse Child Grandchild Other (specify): _____

6. Method of payment

If Option 5 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 voided check.**

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

Include a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.

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

7. Election of withholding

If Option 1 or 5 has been chosen, please complete the Election of Withholding information.

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 Midland National. 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.

Claims Fraud Warnings – State Variations

State	Variation
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."
Arkansas/Kentucky/ Maine/Michigan/ New Mexico/Ohio/ Oklahoma/Tennessee	"Any person who, with intent to defraud or knowing that he/she 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, which is a crime. Penalties may include imprisonment, fines, and denial of insurance benefits."
Arizona	"For your protection Arizona law required the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."
California	"For your protection, California law requires the following to appear on this form. Any person who knowingly presents 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 of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company, agent or registered representative of an insurance company who knowingly provides a false, incomplete, or misleading fact 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/Indiana	"Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of a claim containing any false, incomplete, or misleading information is guilty of a felony."
District of Columbia	"It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."
Florida	"Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
Hawaii	"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."
Louisiana/Maryland/ Rhode Island	"Any person who knowingly and 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 submits an application or 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."
New Jersey	"Any person who knowingly makes an application for insurance coverage containing any false or misleading information is subject to criminal and civil 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."
Oregon	"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, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."
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 intent to defraud presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years."
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."
Virginia	"Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law."
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."
West Virginia	"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

8. Acknowledgments and signature

The undersigned claimant agrees to hold harmless and indemnify Midland National 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 Midland National's payment of the death claim proceeds to the Beneficiary in connection with the annuity contract for which this claim is made. I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms does not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

Taxpayer Certification

Under penalties 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"/>

If your request is not in good order, how would you like us to notify you?

- Call me at _____ - _____ - _____ Mail a letter to my address of record Contact my Agent/Representative

