

Foreign death questionnaire



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

1. Contract information

Contract number

Additional contract number

Additional contract number

2. Decedent Information

U.S. Citizen Resident Alien/Citizen of: _____

Decedent's name (first, middle initial, last)			Social Security number
Passport number			Date of birth (mm/dd/yyyy)
Street address			Apartment/Suite number
City	State	ZIP	Phone number

3. Claimant Information

U.S. Citizen Resident Alien/Citizen of: _____

Claimant's name (first, middle initial, last)			Social Security number
Non-natural entity	Tax Identification Number		Date of birth (mm/dd/yyyy)
Street address			Apartment/Suite number
City	State	ZIP	Phone 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.

4. Travel information

Date decedent left U.S.

Intended duration of trip (days, months, years)

5. Details of death

Date of death

Time of death: a.m. p.m.

Foreign address at time of death:

Street address

Apartment/Suite number

City

State

ZIP

Country

Place of death (If address is not applicable):

Manner of death: Natural Accident Homicide Suicide Undetermined Pending

Contact information of physician(s) certifying death:

Name (first, middle initial, last)

Designation

Street address

Apartment/Suite number

City

State

ZIP

Country

Autopsy performed? Yes No Postmortem or inquest performed? Yes No

U.S. Embassy or Consulate contacted? Yes No

If yes, please provide details: _____

6. Document(s)

Please provide the supporting documents if available:

- Report of death of American citizen from U.S. Embassy (required if U.S. citizen)
- Original death certificate
- Birth certificate
- Visa
- Passport
- Airline tickets (to/from U.S.)
- Obituary
- Police report
- Burial permit

7. Acknowledgment and Signatures

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I hereby certify that the above information is correct and declare that all answers as above recorded are complete and true and agree that the furnishing of this additional, supplemental information shall not constitute an admission of liability nor a waiver of any of the company's rights and defenses.

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.

CA Residents: for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Claimant's name (please print):	
Claimant's signature	Date signed (mm/dd/yyyy)
Witness' signature:	Date signed (mm/dd/yyyy)

Variable annuity products are issued by Midland National® Life Insurance Company distributed by Sammons Financial Network®, LLC., member FINRA.

