

# 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  
1-866-747-3421 | SecuritiesPI@sfgmembers.com

## 1. Account information

Account number	Additional account number	Additional account number
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## 2. Decedent information

U.S. Citizen    Resident alien/Citizen of: \_\_\_\_\_

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

## 4. Travel information

Date decedent left U.S. (mm/dd/yyyy)	Intended duration of trip (days, months, years)
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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.

## 5. Details of death

Date of death	Time of death	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
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### 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 of consulate contacted?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Documents(s)

Please provide the supporting documents if available (check all that apply):

- 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 the above information is correct, declare that all answers as recorded above 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.

Claimant's name (please print)

Claimant's signature	Date signed (mm/dd/yyyy)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Witness' signature	Date signed (mm/dd/yyyy)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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