

# Annuity Death Benefit Claim Form

FIRST	MI	LAST
DECEDENT		
<input type="checkbox"/> OWNER	<input type="checkbox"/> ANNUITANT	<input type="checkbox"/> UNKNOWN
CONTRACT NUMBER	DATE OF DEATH	

## A. CLAIMANT INFORMATION

NOTE: ONE CLAIMANT PER FORM. SUBMIT ADDITIONAL FORMS FOR MULTIPLE CLAIMANTS.

FIRST NAME	MI	LAST NAME
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ADDRESS 1

ADDRESS 2

CITY	STATE	ZIP
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PHONE

EMAIL

SOCIAL SECURITY NUMBER	OR	EMPLOYER IDENTIFICATION NUMBER
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DATE OF BIRTH

RELATIONSHIP TO DECEDENT

Please complete all sections of the form and return the original documents in the envelope provided.  
See IMPORTANT INFORMATION insert for additional information and instruction.

**Annuity Death Benefit Claim Form**

**B. PAYMENT OPTIONS**

**SELECT ONE DISBURSEMENT METHOD:**

**BenefitNOW Account®**  
*The BenefitNOW Account is our primary method of paying insurance proceeds over \$5,000.00. BenefitNOW is an interest bearing draft account. By simply writing a draft you have immediate access to your funds whenever you need them. BenefitNOW may not be available in all states or with some products. **If a BenefitNow Account cannot be established, a single check will be issued unless you have selected a different option below.** Please see the enclosed insert for further advantages of the BenefitNOW Account option.*

**Spousal Continuation** *New beneficiary designation required. All previous beneficiary designations are no longer valid:*

Beneficiary \_\_\_\_\_ MI \_\_\_\_\_  
 FIRST NAME LAST NAME

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 DATE OF BIRTH SOCIAL SECURITY NUMBER

**IF ADDITIONAL PRIMARY BENEFICIARIES ARE DESIRED OR YOU WISH TO DESIGNATE CONTINGENT BENEFICIARIES, PROVIDE SIGNED AND DATED ADDENDUM WITH ADDITIONAL BENEFICIARY INFORMATION.**

Annuitization: Specify Duration  Years  
 Specify Frequency  Monthly  Quarterly  Annually OR Amount \$ \_\_\_\_\_

*A quote will be provided based on the duration, frequency and amount selected. Annuitization must begin within one year of death if the decedent was the owner of the contract or within 60 days of death if the decedent was the annuitant.*

**Deferred Benefit:** *Distribution of benefits may be deferred for up to five (5) years. Please notify us in writing when you would like to make a withdrawal of the deferred benefits.*

**Single Check Payment**

Other \_\_\_\_\_

*Refer to contract or contact our office at the number provided for other payment options.*

Please note that if the decedent is the owner of the contract but not the annuitant, the proceeds of the contract must be disbursed and the contract will end. Select one of the disbursement options outlined above for the distribution of these funds. See **IMPORTANT INFORMATION** insert for available options. Please understand that as the claimant, the disbursement of the funds will serve as a surrender of the policy. The Cash Surrender Value of the policy will be a full settlement and complete satisfaction of all rights, claims and demands, now and in the future, under this policy. Any indebtedness against this policy is to be deducted and any liability of the Company, except for the Cash Surrender Value, is discharged and terminated.

**C. INCOME TAX WITHHOLDINGS AND TAXPAYER CERTIFICATION**

*Federal Income Tax* *State Income Tax (if applicable)*

Do not withhold Federal Income Tax  Do not withhold State Income Tax

Withhold Federal Income Tax  Withhold State Income Tax

**Under penalties of perjury, I certify 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), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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, and
3. I am a U.S. citizen or other U.S. person (that is, an individual who is a **U.S. citizen or U.S. resident alien**, a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate [other than a foreign estate], or a domestic trust [as defined in Regulations section 301.7701-7]).

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Your signature at the bottom of this form certifies that you have read and attest to the information provided.

D. THE FOLLOWING DOCUMENTS ARE ATTACHED

Certified Death Certificate

Original Contract

Trust/Estate Documents

Other \_\_\_\_\_

E. CLAIMANT STATEMENT AND SIGNATURE

**Certificate of Lost Contract:** I certify that the annuity contract identified has been lost or destroyed and, to the best of my knowledge, is not in anyone's possession. If the original should be found or come into my possession, I will return it to the Company, its successors or assignees. It is understood and agreed that the original contract or certificate shall become null and void.

I, the claimant, hereby make claim to the death benefit payable under the provisions of the subject contract and agree that all papers called for by the Company shall be part of this statement. My signature below also certifies, separately, that the information in Sections A - E above is true and correct to the best of my knowledge and belief, subject to penalties for perjury.

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
DATE

Please complete all sections of the form and return the original documents in the envelope provided.  
See IMPORTANT INFORMATION insert for additional information and instruction.

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# Important Information

## Annuity Death Benefit Claim Form

### MAILING ADDRESS

Conseco Life Insurance Company of Texas  
PO Box 1917  
Carmel, IN 46082-1917  
(800) 525-7662  
[www.Conseco.com](http://www.Conseco.com)

### DEFINITIONS

- **Decedent:** The deceased person named as the annuitant, owner or joint owner of the annuity contract.
- **Owner:** The person who applies for and purchases the contract.
- **Annuitant:** The person whose lifetime is used to measure the length of time the contract benefits are payable.
- **Primary Beneficiary:** The person or entity designated to receive annuity benefits upon the death of the annuitant.
- **Contingent Beneficiary:** The person or entity that is designated to receive annuity benefits in the event the designated primary beneficiary is no longer living at the time of the annuitant's death.

### INSTRUCTIONS

- Complete all sections of the Claim Form.
- Sign and date the Claim Form.
- Mail to address provided.
- Contact our office or your local agent if you would like assistance in submitting the Claim Form.

### CLAIMANT INFORMATION

- Complete all information in Section A of the Claim Form. One claimant per Claim Form. Submit additional claim forms if there are multiple claimants.

### PAYMENT OPTIONS

- Select one method for disbursement of contract benefits in Section B of the Claim Form. Supply all requested information for the method selected. Once benefit disbursement has been made other disbursement options are no longer preserved.
- **Death of the Annuitant:** The Death Value of the contract is payable to the beneficiary. If the designated beneficiary is the decedent's spouse, he/she may choose any disbursement method listed in the contract. Continuation of the contract is not available for non-spousal beneficiaries.
- **Death of Owner who is not the Annuitant:** The Cash Surrender Value of the contract is payable to the Owner's estate unless a joint or contingent owner was designated. If a joint or contingent owner was designated, the value is payable to that individual. If the decedent's spouse is the contingent or joint owner, the contract will continue. Continuation of the contract is not available for non-spousal joint or contingent owners.
- Payment options available based on the contract:
  - **BenefitNOW Account®** – immediate payout and immediate taxation. In some instances, a BenefitNOW account will be established if no other disbursement option is selected on the Claim Form.

- **Spousal Continuation** – continues the contract and continues to defer taxation.
  - This option is only available when benefits are payable to the decedent's spouse.
  - The beneficiary who elects to continue the contract will become the new owner and annuitant on the contract.
  - New beneficiary designation is required at time of claim processing. Complete the beneficiary information on the Claim Form. If there are additional primary beneficiaries or if you wish to designate contingent beneficiaries, please provide a signed and dated addendum with the additional beneficiary information. Indicate if the beneficiaries are Primary or Contingent and the desired percentage distribution of proceeds.
- **Annuitization** – spreads out tax liability over a period of years.
  - Indicate the desired duration and the frequency or amount of payments on the Claim Form. A quote will be provided prior to benefit payout.
- **Deferred Payment** – can generally be left as is for up to five years without taxation.
- **Single Check Payment** – provides immediate payout and immediate taxation with a single check issued for the total amount of the payment.
- **Other Payment Options** – some contracts may have other payment options available. Refer to the contract or contact our office at the number provided for additional payment options. Indicate other payment option desired under OTHER in Section B of the Claim Form.

# Important Information

## Annuity Death Benefit Claim Form

### TAX WITHHOLDINGS AND CERTIFICATION

- Tax-deferred earnings and any pretax premiums paid into an annuity contract are taxable when the contract is surrendered. The beneficiary is liable for Federal/State taxes on the taxable portion of his/her benefits.
- Select desired tax withholdings in section C of the Claim Form.
- Submit IRS form W-9 or complete the certification in Section C of the Claim Form.
- **Federal Income Tax Withholding:** Federal/State income taxes will be withheld where applicable unless otherwise indicated. If you elect **not** to have withholding applied or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. Under the Estimated Tax rules, penalties may incur if withholding and estimated tax payments are not sufficient.
  - **10% Withholding:** Death Benefits are subject to a mandatory 10% withholding unless either of the following conditions apply:
    - You choose not to have federal income tax withheld.
    - You are subject to back-up withholding.
  - **No Withholding:** Federal income tax will not be withheld if the entire distribution is transferred by the plan administrator in a direct rollover (that is, the check is payable to the new plan) such as:
    - Inherited IRA
    - Spousal rollover to new contract
- **State withholding** will be based upon state-specific requirements.
- **Distributions from IRAs** that are payable on demand are treated as Death Benefit payments and therefore taxable. However, you can choose **not** to have federal income tax withheld from the payment by indicating on the Claim Form.

- Insurers and their representatives are not permitted by law to offer tax or legal advice. The general information here was written to support the sales, marketing or service of insurance policies offered by The Company. **Based upon individuals' particular circumstances and objectives, they should seek specific advice from their own qualified and duly-licensed independent tax or legal advisors.** No one may rely upon or use information here for the purpose of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

### REQUIRED DOCUMENTATION

- Identify the documents that are being submitted with the Claim Form in Section D of the form.
- The following items should be submitted with the Claim Form if applicable:
  - **Certified Death Certificate:** The Certified Death Certificate is needed to process the claim. A Certified Death Certificate has the seal of the validating authority. Photocopies are not valid.
  - **Children of Insured:** If the beneficiaries are the children of the insured and have not been designated by name, a notarized list of the children is required. Their current mailing addresses, telephone numbers, dates of birth and Social Security numbers are also required.
  - **Consent Form-Residency of Decedent:** The following states require the submission of a State Consent form with the Annuity Death Benefit Claim:
    - **Indiana:** Consent form is required for a spouse if he or she is designated as co-beneficiary and for any beneficiary other than spouse.
    - **Ohio:** Consent form is required when proceeds are over \$25,000.

- **Corporation:** If the beneficiary is a corporation, an authorized officer of the corporation must sign the Claim Form. The officer's title must follow the signature. A Corporate Resolution or other supporting documentation is required for each officer's signature.
- **Divorce Decree:** A Divorce Decree may be requested during the claim review process if the deceased was divorced.
- **Estate Beneficiary:** If the beneficiary is the estate, the completed Claim Form must be signed by the estate's legal representative and a copy of the appointment papers provided with the Claim Form submission. If an estate will not be opened, the Claimant is responsible for contacting an attorney or the local probate court clerk in the proper jurisdiction for an affidavit of small estate or heirship.
- **Minor Child Beneficiary:** If the beneficiary is a minor child, the Certified Guardianship paperwork must be submitted with the claim.
- **Multiple Beneficiaries:** If there is more than one beneficiary for the Spousal Continuation, provide an addendum with information on each additional beneficiary.
- **Original Contract:** Return all pages of the original contract with the Claim Form.
- **Trust Beneficiary:** If the beneficiary is a trust, the following information should be submitted with the claim:
  - The first page of the Trust.
  - The page naming the Trustee or Successor Trustee.
  - The Signature page of the Trust.