

**Annuity Death Benefit Claim Form:
Supplemental (Annuitized) Contract**

FIRST	MI	LAST
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
DECEDENT		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> OWNER</div><div><input type="checkbox"/> ANNUITANT</div><div><input type="checkbox"/> UNKNOWN</div></div>		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
CONTRACT NUMBER		DATE OF DEATH

A. CLAIMANT INFORMATION

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

<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
FIRST NAME	MI	LAST NAME
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
ADDRESS 1		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
ADDRESS 2		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
CITY	STATE	ZIP
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
PHONE		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
EMAIL		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	OR	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
SOCIAL SECURITY NUMBER		EMPLOYER IDENTIFICATION NUMBER
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
DATE OF BIRTH		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
RELATIONSHIP TO DECEDENT		

B. PAYMENT OPTIONS

SELECT ONE DISBURSEMENT METHOD:

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 All previous beneficiary designations are no longer valid.*

Beneficiary	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
	MI	LAST NAME
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
DATE OF BIRTH		
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
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.
INCLUDE PRIMARY OR CONTINGENT DESIGNATION AND DISTRIBUTION PERCENTAGES.**

☐ Lump Sum Commuted Value – if applicable *Please refer to your contract for details.*

**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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C. INCOME TAX WITHHOLDINGS AND TAXPAYER CERTIFICATION

Federal Income Tax

☐ Do not withhold Federal Income Tax

☐ Withhold Federal Income Tax

State Income Tax (if applicable)

☐ Do not withhold State 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.

Important Information

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MAILING ADDRESS

Conseco Life Insurance of Texas
PO Box 1917
Carmel, IN 46082-1917
(800) 525-7662
www.Conseco.com

DEFINITIONS

- **Supplemental (Annuitized) Contract:** An annuity contract payout option elected by the owner that provides annuity benefit payments tied to the life expectancy of the annuitant.
- **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.
- **Continuation**—continues the contract and continues to defer taxation.
 - The beneficiary who elects to continue the contract will become the new payee 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.

- **Lump Sum Commuted Value** — provides immediate payout and immediate taxation with single check issued for total amount of payment.
 - Not all contracts are eligible for a Lump Sum Commuted payout.
 - Commuted Value is calculated at the time of claim submission based on terms of the contract.

Important Information

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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 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.