



# Death Claim Submission Instructions

## Instructions to File a Claim Under a Delaware Life Annuity Contract

Please read the following instructions carefully and be sure to follow all instructions. Should you need any additional information, please contact our Customer Service Department at **877-253-2323** for assistance. Throughout this Form, "the Company" refers to the issuing company.<sup>1</sup>

- (1) To make a claim you must completely fill out and submit this Distribution at Death Option Form ("Form"). Regardless of the number of contracts the decedent may have held with the Company, each beneficiary needs to complete only one Form, assuming that the beneficiary wishes to claim the proceeds of all contracts under the same payment option. List all contract numbers on the Form. If a contract named more than one beneficiary, each beneficiary must complete his or her own separate Form and submit his or her own separate IRS form W-9.
- (2) If the beneficiary's name has changed by marriage or otherwise, evidence of the marriage or other method of name change must be attached.
- (3) A Certificate of Death must be provided. Only an original, certified death certificate will be accepted. Only one Certificate of Death is required, regardless of the number of contracts or beneficiaries involved.
- (4) The contract should accompany the Form, unless previously returned to the Company. If you are the spouse, and elect to continue the contract, you should not return the contract. If the contract has been lost, let us know in section 2 below.
- (5) If a trust, an estate or other entity is making a claim, the Beneficiary Information section should be completed in the name of the trust, estate or other entity and the Personal Signature section signed by the trustee(s), executor/administrator(s) or authorized signer. If an estate is making the claim, an original of the letters testamentary confirming the appointment of the executor/administrator(s) by the probate court must accompany the Form. Non-natural beneficiaries cannot have their checks made payable to a third-party payee. Additional requirements may exist for non-natural beneficiaries, please call our Customer Service department at **877-253-2323** for assistance.
- (6) If there are multiple beneficiaries and any of those beneficiaries predeceased the contract owner/annuitant, satisfactory proof of such death(s) must accompany the Form or have been filed with the Company before the claim can be settled.
- (7) If the decedent's contract is invested in variable sub-accounts, you can change investment allocations by submitting a letter of instruction or by contacting our Customer Service Department at **877-253-2323**. Your share of the death benefit will be subject to the market risk associated with those allocations until we accept your claim in good order or you request an allocation change as part of the claim settlement process.
- (8) Some states require the Company to obtain authorization from the appropriate state tax or revenue department before a claim payment may be made to certain beneficiaries. Consult your tax advisor regarding the requirements for your state.
- (9) A signature guarantee is required if (1) your portion of the death benefit payment is \$250,000 or greater, or (2) the proceeds are being mailed to an address other than the beneficiary's address, or (3) if you are requesting that the check be made payable to a third party.
- (10) If you are completing a spousal continuance and wish to have funds sent to an account at another company, please attach a Letter of Acceptance from the receiving company.
- (11) If you are completing a non-spousal deferral at another company, the Letter of Acceptance must indicate that they have established either a 5 year deferral account or a Stretch account.
- (12) Having your claim check made payable to a third party payee does not change the tax responsibility of the distribution. The designated beneficiary will still be taxed on the distribution (if applicable), not the third party payee.
- (13) If you are a resident of West Virginia please review and complete the certification statement on page 7.



<sup>1</sup> Delaware Life Insurance Company is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group1001.

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# Distribution at Death Option Form

**Please remember:**

- The distribution options listed below may currently be available to you based on the information provided to the Company, the terms of the contract, and the applicable provisions of the Internal Revenue Code. Please call our Customer Service Department at **877-253-2323** for assistance.
- Depending on the timeliness of your response and the Company's validation of the information provided, some options may no longer be available on the date that the claim is processed. Please see section 2 for any applicable restrictions.

Contract Number(s) (please list all contract numbers)

Deceased Name

Deceased Date of Birth (mm/dd/yyyy)

## 1 Information About You (the Beneficiary) (please print clearly)

Your Full Legal Name

SSN/TIN

Your Relationship to the Deceased

Date of Birth (mm/dd/yyyy)

Address

City

State

Zip Code

Daytime Phone Number

Email

## 2 Distribution Options (select one)

☐ **Lump Sum Payment** – I request a lump sum payment to be mailed to the address listed above. If you wish to have funds mailed to an authorized third party, please complete the section below:

☐ Send a check for the withdrawal amount to a different address, payee, or both. If you want your check made payable to another person, mailed to a different address, or both, we will require a signature guarantee. Please see Signature section on page 5.

Make Check Payable to this Payee (Not an Option for Non-Natural Beneficiaries)

Mailing Address

Federal and/or state taxes may apply.

**See next page for additional claim settlement options and lost contract certificate.**

## 2 Distribution Options (continued)

☐ I elect the following income tax withholding:

**Federal:** ☐ Do not withhold ☐ Withhold \_\_\_\_\_% or ☐ Withhold \$\_\_\_\_\_

- If you do not indicate a value 10% or greater, we will automatically withhold 10% for federal income taxes.
- We will provide a statement of taxable income and total taxes withheld.
- For non-qualified contracts, withholding will apply only to gain included in the proceeds. Tax liability may be calculated on an amount other than the full amount of the proceeds. Please consult with your tax advisor.
- If you choose not to withhold taxes or you do not have enough tax withheld from your distribution, you may have to pay estimated taxes.
- If your withholding and estimated tax payments are not sufficient, you may also incur penalties under the estimated tax rules.

### State Income Tax Withholding

Would you like state income tax withheld from your withdrawal?

☐ Yes, withhold state income tax from my withdrawal in the amount of \$\_\_\_\_\_ or \_\_\_\_\_%.

☐ No, do not withhold state income tax.

- For some states, income tax withholding is required when federal income taxes have been withheld. If you have not made an election or your above election does not meet your states required amount we will automatically adjust your withholding as applicable.
- Please consult a tax adviser about your state's withholding requirements prior to submitting your withdrawal request as requirements vary by state.

☐ **Transfer of Assets/1035 Exchange** – This option is available if any of the following is true.

If you are the sole beneficiary and the spouse of the deceased, there are no time restrictions for this election. For all others, these elections must be made as follows:

- Deferrals – (1) within 5 years from the date of death for non qualified accounts, or (2) 12/31 of the year containing the fifth anniversary of the date of death on qualified accounts, provided the death occurred before the Required Beginning Date;
- Inherited/Beneficiary/Stretch – (1) within 1 year from the date of death for non qualified accounts, or (2) 12/31 of the year following death for qualified accounts;

If you select this option, please submit a completed Transfer Out/1035 Exchange Form and Letter of Acceptance.

### Lost Contract Certification (Required for Lump Sum Payment election)

☐ I certify that I have conducted a diligent search and have been unable to locate the contract indicated above. If I find the contract, I will immediately return it to the Company.

☐ **Annuitize** – I elect the annuity payment option. If you select this option, you must submit the following forms which will be sent to you upon request:

- Annuitization Election Form
- Completed W-4P form
- Beneficiary Designation form may be required
- Proof of age may be required

If you would like more information about this option or to request the paperwork for this option, please call us at **877-253-2323**.

## 2 Distribution Options (continued)

☐ **Deferral – I elect to defer receipt of the death benefit.**

Please be advised if the account is non-qualified, the benefit must be distributed in full within five years from the date of death of the original contract owner. If the account is qualified, and the death occurred before the Required Beginning Date, the benefit must be distributed in full by the earlier of 1) the last business day in December, or 2) December 31st of the year containing the fifth anniversary of the date of death.

Please consult your tax advisor for additional information. You may reallocate in accordance with the contract's terms and conditions.

If you select this option, you must complete section 3 and name new beneficiaries.

☐ **Spousal Continuation – I elect to continue this contract as the spouse of the original owner.**

If you are a spouse who is eligible to continue the existing contract, the contract will continue in your name as owner/annuitant.

If you select this option, you must complete section 3 and name new beneficiaries.

## 3 Beneficiary Designation – Only Required for Deferral and Spousal Continuation Distribution Options

The Company does not accept Per Stirpes Beneficiary designations beneficiaries must be identified below in section 3.

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
Address					
City				State	Zip Code
Email Address				Phone Number	

  

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
Address					
City				State	Zip Code
Email Address				Phone Number	

If you are naming additional beneficiaries, **please check this box** ☐ and attach a separate **signed** sheet to this Form.

**See next page for signature requirements.**

#### 4 Year of Death Required Minimum Distribution (RMD)

If you are electing the Transfer of Assets/1035 Exchange, Annuitize, or Spousal Continuation option on a qualified contract where the deceased passed away after they **turned age 70 1/2**, the current Year of Death Required Minimum Distribution **must** be satisfied prior to exercising your option. You must indicate below if you are satisfying elsewhere or distributing from this contract.

- ☐ The Year of Death RMD **does not** need to be satisfied at this time as it has been satisfied elsewhere.
- ☐ The Year of Death RMD does need to be satisfied. Please distribute my portion of the Year of Death RMD. Federal and/or state taxes may apply.
- Federal:** ☐ Do not withhold ☐ Withhold \_\_\_\_\_% or ☐ Withhold \$\_\_\_\_\_
- State:** ☐ Do not withhold ☐ Withhold \_\_\_\_\_% or ☐ Withhold \$\_\_\_\_\_

#### 5 Signature(s)

If you are signing this Form as a fiduciary for the beneficiary (power of attorney, trustee, guardian, custodian, etc.), please sign in your fiduciary capacity. We will need your authorizing documents to process this request – please attach them to this Form.

A signature guarantee stamp is required:

- If the proceeds are being mailed to an address other than the beneficiary's address.
- If you are requesting that the check be made payable to someone other than the named beneficiary.
- If you have asked us to wire the withdrawal amount to a bank account. **Note:** wires to foreign bank accounts are not permitted.
- If your portion of the death benefit payment is \$250,000.00 or greater.

By signing below, I hereby acknowledge that I have read and understand the Fraud Warnings listed on pages 6-7 of this Form.

Beneficiary Signature X	Date (mm/dd/yyyy)
Please Print Name Below	
Signature Guarantee (if required)	

#### Contact Us

##### By mail

Delaware Life  
P.O. Box 758581  
Topeka, KS 66675-8581

##### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

##### By fax

785-286-6118

##### Online

delawarelife.com

##### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT

## State Fraud Notices

**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.

**Arizona:** For your protection Arizona law requires 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.

**Arkansas:** 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.

**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 or 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 or agent of an insurance company who knowingly provides false incomplete, or misleading facts 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:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: 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 an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is guilty of a felony.

**Indiana:** Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** Any person who knowingly, and with intent to defraud any insurance company, 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.

**Louisiana:** 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.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 files a claim with intent to defraud or helps to commit 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 files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

## State Fraud Notices (continued)

**New Mexico:** 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 civil fines and criminal penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he 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.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island:** 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.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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:** 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.

**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 may include imprisonment, fines or a 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.

☐

**West Virginia Certification:** I certify that I have not been convicted, as the principal or as an aider and abettor, of an offense of abuse, neglect or financial exploitation of the DECEASED.