

United American Insurance Company

P.O. Box 8080
McKinney, TX 75070-8080

ANNUITY CLAIMANT STATEMENT

I. INSTRUCTIONS: *Please read these instructions before completing this statement.*
The following items are required before a claim can be processed:

- _____ 1. An original certified death certificate (with a raised seal). Photocopies are not acceptable.
- _____ 2. The original policy, or if unavailable, an explanation provided in Section III, space four of this form (Not required if electing spousal Continuance Option).
- _____ 3. This completed Annuity Claimant Statement and any additional requirements, listed below:

Special instructions and additional requirements:

- **Estate beneficiary:** The executor or administrator of the annuitant/owner's estate must complete this statement, and a current copy of the Letter Testamentary is required.
- **Minor or incompetent beneficiary:** The guardian of the property must complete this statement and a certified copy of the Letter of Guardianship is required.
- **Beneficiary with a power of attorney:** The power of attorney must complete this statement and a copy of the appointment papers are required.
- **Deceased beneficiary:** An original certified death certificate (with a raised seal) of the deceased beneficiary is required.
- **Trust beneficiary:** A copy of the trust agreement with any amendments, including the signature page(s) is required. We also require the Trustee Certification section of this form to be completed by all trustees.
- **Death occurred outside the United States:** the Foreign Death Questionnaire and the American Citizen Abroad Death Report are required (please contact us, if applicable).
- **Non-resident alien beneficiary:** The W-8BEN, IRS government form is required.
- **Beneficiary is a corporation:** A copy of the corporate resolution or other financial documentation showing the person authorized to sign on behalf of the corporation is required.

CLAIMANT'S STATEMENT

Please carefully read all of the following information before completing this statement.

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

Arkansas, Louisiana, Rhode Island, Texas and 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.

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.

California: For your protection California law requires that you be made aware of the following: 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 a 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.

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 or with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any 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 or with intent to defraud any insurance company or other person 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.

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.

Minnesota: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to inure, 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.

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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Tennessee, Virginia and 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 include imprisonment, fines and denial of insurance benefits.

II. DECEDENT INFORMATION:**1. Name of Deceased (Last, First, Middle)**
_____**2. Was the annuitant/owner known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias? In the event that the annuitant/owner was known by any other names, please provide them below.**

_____**3. Policy Number(s)**
_____**4. If the policy is lost or not available, please explain.**

_____**III. CLAIMANT INFORMATION:****Claimant Name (Last, First, Middle)**
_____**Address**
_____**Daytime Telephone Number**
_____**Date of Birth****Age****SS# or Tax ID #****Relationship to Deceased****In what capacity do you file this claim?**☐ **Individual**☐ **Trustee**☐ **Executor of Estate**☐ **Other:****Are you a U.S. Citizen?**☐ **Yes**☐ **No****If "No", please list a country of citizenship and provide a completed Form W-8BEN**

_____**IV. TRUSTEE CERTIFICATION: To be completed only if trust is claiming proceeds.****I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that the said agreement is in full force and effect, and that we have the authority to make this certification.****Name of Trust**
_____**Date of Trust Agreement**
_____**Date of all Amendments**
_____**Trust Tax ID Number**
_____**Printed Name(s) of Trustee(s)****Signature(s)****a.** _____

b. _____

c. _____

V. PAYMENT OF PROCEEDS: Please check which distribution option is desired.

☐ **Lump Sum via check:** Not available on immediate annuities or annuitized contracts that are already in a payout phase.

☐ **Spousal Continuance:** If the spouse of the deceased owner is the sole beneficiary, the annuity contract may be continued in the name of the spouse as the new annuitant/owner. Please name your own beneficiary(ies) in the space provided:

Primary Beneficiary _____ **SS#** _____ **DOB** _____

Contingent Beneficiary _____ **SS#** _____ **DOB** _____

☐ **Receive death benefit proceeds as an Annuity:** Distribution must commence within one year of the date of death and must be distributed over the beneficiary's lifetime or over a period not extending beyond the beneficiary's life expectancy.

☐ **Five Years Deferral:** The lump sum payment may be deferred and accumulated with interest for a period not exceeding five years. No withdrawals can be taken except full payment.

VI. SIGNATURE VERIFICATION AND TAX WITHHOLDING:

Important information about the USA Patriotic Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA Patriotic Act, which requires banks, including the bank we utilize for your Access Account, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank.

In order to comply with the USA Patriotic Act, we must verify the name, address (no P.O. Boxes), date of birth and social security number or other tax identification number of all Access Account owners.

We are required, for Federal income tax purposes, to withhold 10% of the taxable gain in your claim payment unless you indicate below that you do not want Federal income taxes withheld. In addition, certain states require that you have state income tax withheld if you have Federal income tax withheld from your claim.

☐ I do NOT want Federal and State income tax withheld (check here), or

☐ I want _____% or \$_____ withheld for Federal, and _____% or \$_____ for State tax purposes.

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

Under penalty of perjury, I certify that:

- 1. The tax ID number I have entered is correct (in section IV & V) – 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 IRS that I am subject to backup withholding as a result of a failure or 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**

Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are not a U.S. citizen, please cross through item 3 and submit a properly completed government Form W-8BEN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name of Claimant

Social Security Number

Signature of Claimant

Date



