



**Banner Life Insurance Company**  
 Attention: Retirement Services  
 3275 Bennett Creek Avenue  
 Frederick, Maryland 21704  
 (800) 664-6129

**PROOF OF DEATH  
 CLAIMANT'S STATEMENT**

**Before completing this statement, please read the instructions on the back of this form.**

Annuitant Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

<b>Please provide the following information on the deceased annuitant (the person who has died):</b>	
1. Full Name (include other names or aliases)	
2. Date of Birth	
3. Residence Address	
4. Date of Death	
<b>Please provide the following information about the beneficiary (the person making the claim):</b>	
5. Full Name	
6. Social Security or Tax ID Number	
7. Date of Birth	
8. Mailing Address and Telephone Number	
9. Settlement Option Elected (if multiple settlement options are available.)	
10. In what capacity do you make this claim? (i.e., beneficiary, executor, trustee, corporate officer, guardian, etc.)	

**Settlement Options:** A lump sum claim payment will be made on all claims unless either the owner of the certificate prior to the annuitant's death or the named beneficiary at the time the claim is made chooses an optional form of settlement from those outlined in the certificate. Before selecting an optional form of settlement, we recommend that you consult a tax advisor to discuss potential tax consequences. If you have specific questions about any of the options that were provided, please contact our Retirement Services Department at 1-800-664-6129.

By signing below, you

- Make a claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated;
- Declare that all answers recorded in this Proof of Death Claimant's Statement are true and complete;
- Agree that our furnishing this Proof of Death Claimant's Statement and any supplemental forms is not an admission that insurance was in force on the deceased's life, nor a waiver of our rights of defenses.
- Agree to cooperate with the Company in its investigation of this claim by providing assistance including, but not limited to providing any required certified court document or completing, signing and submitting any questionnaire or authorization form needed by the Company, in its sole opinion, to conduct its investigation.

Certification: Under penalties of perjury, I certify that the Social Security or Taxpayer Identification Number shown on this form (question 6) is correct.

**WARNING:** A person who knowingly and with intent to injure, defraud or deceive an insurance company, files a claim or makes a statement containing false, incomplete or misleading information may be guilty of a felony or misdemeanor. **Refer to "Fraud Warning Notices"** insert for your state.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## INSTRUCTIONS TO THE BENEFICIARY

**Proof of Death consists of the following:**

1. **A completed Claimant's Statement; and**
2. **A copy of the decedent's Certificate of Death**

**In order to process your claim, you must provide both of the following:**

1. **Completed Claimant's Statement.** If there is more than one beneficiary, each beneficiary must complete a separate Claimant's Statement.
2. **A copy of the decedent's Certificate of Death showing the cause and manner of death.** If the death occurred outside of the United States, complete the **Foreign Death Questionnaire** and attach both a **certified** copy of the document entitled "**Death of an American Citizen Abroad**" from the U. S. Embassy and a **Physician's Statement** completed and signed by the local doctor who certified the death.

**Please read the following, as you may also need to provide additional documentation as set forth below:**

**Estate Beneficiary.** The Executor or Administrator of the estate must complete the Claimant's Statement and a certified copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative must be furnished.

**Small Estates.** The estate may qualify as a "small estate" under the Small Estate statute or similar statute of the decedent's state of residence. If the estate qualifies as a "small estate", we require a copy of properly prepared affidavit or other form required by the state. Please consult your attorney or tax advisor for more information on "small estates".

**Minor Beneficiary.** If the beneficiary is a minor, the Claimant's Statement is to be completed by the legally appointed guardian of the property/estate of the minor and an official certificate of the guardian's appointment must be furnished. Please provide the Social Security Number of the Minor on the Claimant's Statement. If submitting the claim under the Uniform Transfer/Gifts to Minors' Act (UTMA) you will not need a court appointment. You will need to complete the Claimant's Statement as "Custodian of (name of child) under the (name of resident state) Uniform Transfers/Gifts to Minor's Act".

**Trust Beneficiary.** The Trustee(s) must complete the Claimant's Statement and a copy of the Trust must be furnished. The Trust's Employer Identification Number must be provided. Each current trustee must sign the Claimant's Statement in his/her capacity as Co-Trustee unless the Trust document confers on one trustee the authority to act alone.

**Corporation or Firm Beneficiary.** A duly qualified officer who has the power and right to make such claim in the name of the corporation or firm must complete the Claimant's Statement. Please include your title by which you are authorized to act on behalf of the company. A copy of the corporate minutes of other documentation confirming the identity and capacity of the corporate officer must be furnished.

**Class Beneficiaries.** (Example: "Surviving Children of the Annuitant") A notarized affidavit from each beneficiary indicating the names and dates of birth of each surviving child must be submitted.

**Name Change of Beneficiary.** If the beneficiary's name has changed since the last designation because of marriage or divorce, we require a copy of the marriage certificate or divorce decree. If the name has changed for any other reason, we require a court document indicating the name change.

**Power of Attorney.** If you are signing as the Power of Attorney for a beneficiary, a copy of the executed Power of Attorney (POA), which gives you the power to collect the proceeds, must be submitted. You must indicate your capacity as Power of Attorney on the Claimant's Statement.

**Please note that although these instructions apply to most claims, the Company reserves the right to require or obtain additional information as it may deem necessary to process any claim.**



## CLAIMANT'S STATEMENT FRAUD NOTICES

Some states require us to provide the following Claim Fraud Warning Statements to you:

### **Fraud Warning for Alaska Residents**

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.

### **Fraud Warning for Arizona Residents**

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.

### **Fraud Warning for Arkansas Residents**

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.

### **Fraud Warning for California Residents**

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.

### **Fraud Warning for Colorado Residents**

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 the insurance company who knowingly provides false, incomplete or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the certificate holder 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.

### **Fraud Warning for Delaware Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

### **Fraud Warning for District of Columbia Residents**

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.

### **Fraud Warning for Florida Residents**

Any person who knowingly and 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.

### **Fraud Warning for Idaho Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

### **Fraud Warning for Indiana Residents**

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

### **Fraud Warning for Kentucky Residents**

Any person who knowingly and 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.

### **Fraud Warning for Maine Residents**

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 denial of insurance benefits.



**Fraud Warning for Maryland Residents**

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

**Fraud Warning for Minnesota Residents**

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

**Fraud Warning for New Hampshire Residents**

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 of insurance fraud, as provided in RSA 638:20.

**Fraud Warning for New Jersey Residents**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Fraud Warning for New Mexico Residents**

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.

**Fraud Warning for Ohio Residents**

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.

**Fraud Warning for Oklahoma Residents**

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

**Fraud Warning for Oregon Residents**

Any person who knowingly and with intent to defraud, or solicits another to defraud, an insurer by submitting an application or filing a claim containing any false or deceptive material information may be guilty of insurance fraud.

**Fraud Warning for Pennsylvania Residents**

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.

**Fraud Warning Rhode Island Residents**

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.

**Fraud Warning for Tennessee Residents**

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 denial of insurance benefits.

**Fraud Warning for Texas Residents**

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.

**Fraud Warning for Virginia Residents**

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 denial of insurance benefits.

**Fraud Warning for Washington Residents**

NOTICE: 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.

**Fraud Warning for West Virginia Residents**

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.

