



FARMERS LIFE INSURANCE COMPANY

Annuity Death Benefit Claim Form:
Supplemental (Annuitized) Contract

Owner Information

Annuitant Information (if different than Owner)

Name of owner

Name of annuitant

Contract number

Contract number

Date of birth (MM/DD/YYYY)

Date of death (MM/DD/YYYY)

Date of birth (MM/DD/YYYY)

Date of death (MM/DD/YYYY)

Cause of death (Attach death certificate. If death benefit is \$300,000 or more, a certified death certificate is required.)

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If the contract cannot be returned with this statement, briefly explain reasons and give location of contract.

Mode of Settlement Desired

Periodic payments

Payments may be elected for the duration and frequency of your choosing.

Duration: 5-year certain 10-year certain 15-year certain 20-year certain

Frequency: Monthly Quarterly Semi-Annual Annual

(If ACH of funds is desired, please complete the Electronic Funds Deposit Authorization form for processing.)

Spousal Continuation - Please continue this contract in my name. I am the spouse of the deceased and the primary beneficiary on the contract. For Federal tax purposes, spousal continuation is available to a surviving spouse if a couple was lawfully married under state law. Federal tax law does not allow a spousal continuation to couples who were part of a registered domestic partnership, civil union or other similar formal relationship recognized under state law that was not denominated as a marriage.

1035 Exchange of non-qualified funds to a new Farmers Life Insurance Company contract

You must contact your financial professional or our Customer Care Team at 1-865-444-0613 for assistance, as this claim form must be accompanied by a new contract application and other relevant new account paperwork, as well as completion of the Rollover, Transfer or Exchange Request form.

Farmers Life Insurance Company does not provide tax, legal, or investment advice. Applicable laws and regulations are complex and subject to change. For advice concerning your individual circumstances, consult a professional attorney, tax advisor or accountant.

Transfer my lump-sum cash distribution to . (Transfer paperwork is required.) Transfer will be processed and reported as a death payout to the Beneficiary.

Lump-sum cash distribution

## Beneficiary Information

Please indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

Trust  Estate  Partnership  C Corporation  S Corporation  LLC taxed as a Partnership

LLC taxed as a C Corporation  LLC taxed as an S Corporation

Other (please specify, for example, Charity, Qualified Retirement Plan, Non-Profit) \_\_\_\_\_

Beneficiary's full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to the deceased \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Income Tax Withholding Notice and Election (Does not apply to Spousal Continuation Option)

The taxable portion of this distribution will be subject to 10% federal tax withholding unless you elect not to withhold. If you do not check Box 1 under Federal and State Withholding Election, 10% federal income tax will be withheld from the taxable portion of your distribution.

Your distribution may also be subject to state income tax withholding requirements. If you would like to have state income tax withheld, please indicate below. Even if you do not elect state withholding, your state may require us to withhold state income tax from your distribution when federal income tax is withheld. If your state does not have income tax, state withholding will not be withheld from your distribution.

Farmers Life Insurance Company does not provide tax advice. We recommend you contact your tax advisor for this distribution.

## Federal and State Withholding Election

**Federal Withholding** Please check one (If no election is made, federal income tax will be withheld.)

Do not withhold federal income tax  Withhold 10%  Withhold another amount \$\_\_\_\_\_, or \_\_\_\_\_ %

**State Withholding** Please check one

Do not withhold state income tax  Withhold 10%  Withhold another amount \$\_\_\_\_\_, or \_\_\_\_\_ %

## Acknowledgment and Signature

Any person, who knowingly and with intent to injure, defraud or deceive any insurance company or other persons, files a statement of claim containing any false, incomplete or misleading information commits a fraudulent insurance act subject to criminal prosecution and civil penalties and/or is guilty of a felony of the third degree.

I certify the information I have provided on this form is complete and accurate. I understand this request will not become effective until approved by the Company in accordance with the terms of the contract.

**Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number;
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, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).  
Certification instructions: You must check here: \_\_\_\_ 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.

If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (“POA”), Guardian, Executor), please indicate your title along with your signature. If a title is not indicated, mandatory tax withholding will apply. In addition, the beneficiary’s full Social Security number or Taxpayer Identification Number must be included on this form in order for us to process the claim. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

\_\_\_\_\_  
Signature of beneficiary

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title of authorized officer *if applicable*

**Please mail or fax this completed form to the following:**

**Regular Mail:** P.O. Box 21538, Oklahoma City, OK 73156

**Express Mail:** 13931 Quail Pointe Dr., Oklahoma City, OK 73134

**Fax:** 580.255.0951

## State Fraud Warnings

The following states have specific fraud statutes pertaining to insurance claims. States not listed may also have laws creating penalties for misrepresentation, intentional omissions or deceptive acts.

**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 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.

**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 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 presenting a fraudulent claim for payment of a loss or benefit is 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 containing any false, incomplete or misleading information is guilty of a felony.

**Indiana:** A 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 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.

**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. Additional information: If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is non-qualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary.

**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:** A 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 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. Additional information: If the decedent was a resident of New Jersey at the time of his or her death

and the beneficiary is not the decedent's spouse, information regarding death claim payments is being supplied to the state pursuant to the requirements of the New Jersey Division of Taxation, and it is the position of the New Jersey Division of Taxation that a beneficiary or beneficiaries may be personally liable for any and all inheritance and/or estate taxes until paid. To learn more about this requirement, please contact the New Jersey Division of Taxation's Taxpayer Customer Service Center at 1-609-292-6400 or, visit the Division of Taxation's website at [www.nj.gov/treasury/taxation](http://www.nj.gov/treasury/taxation).

**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.

**New York:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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. Additional information: If the decedent was a resident of Ohio at the time of his or her death and the date of death was prior to January 1, 2013, the Ohio Estate Tax form is required. This form is not required when the beneficiary is the surviving spouse, the date of death value is \$25,000 or less, regardless of beneficiary, or the date of death is on or after January 1, 2013. If you have any questions regarding the Ohio Estate Tax Form please contact the Ohio Department of Taxation at 1-800-977-7711 or at [www.state.oh.us/tax](http://www.state.oh.us/tax).

**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. Additional information: If the decedent was a resident of Oklahoma at the time of his or her death, and if the amounts payable by reason of his or her death add up to \$2,500 or more, the Company is required upon receiving notice of the death to file an information return with the Oklahoma Tax Commission giving details of the contract or contracts covering the decedent and the amounts payable.

**Oregon:** Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime. **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 then thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be 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:** Additional Information: If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to \$50,000 or more.

**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 and denial of insurance benefits. Additional Information: If the decedent was a resident of Tennessee at the time of his or her death, information regarding death claim payments will be supplied to the state pursuant to the requirements of Tennessee law.

**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 may include imprisonment, fines and 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.

