

# Life Insurance Claim Form



NATIONAL LIFE INSURANCE COMPANY

Home Office: Lansing, Michigan

[www.jackson.com](http://www.jackson.com)

## Instructions for Prompt Payment

- Use dark ink only to complete this claim form. Print or type.
- Claimant must sign, print name and date the claim form on page 2.
- Include a certified copy of the finalized death certificate for the deceased with manner of passing.
- If the claimant is a Trustee, please provide a complete copy of the trust agreement, including all amendments and the Trust Tax Identification Number.
- If the claimant is an Executor, Administrator, Guardian or other legal representative, please provide a certified copy of the court appointment.
- If the claimant is an Attorney-in-Fact on behalf of the beneficiary, please include the Power of Attorney instrument.
- If any of the beneficiaries named in the policy are deceased, please provide a copy of their death certificate.
- If the claimant is an ex-spouse, please provide a copy of the divorce decree and property settlement agreement.
- If the claimant is a non-resident alien, please provide a completed and signed Form W-8BEN and the Individual Taxpayer Identification Number.
- Please return in the postage paid envelope provided.

## DECEASED INFORMATION (please print)

Deceased's Name (First) (Middle) (Last) Other Name(s) by which Deceased was known

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Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy) Marital Status of the Deceased  
 Married  Divorced  Widowed  Single

		1.		2.	
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## CLAIMANT INFORMATION (please print)

Claimant's Name (First) (Middle) (Last) Claimant's Social Security Number

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Claimant's Physical Address (No P.O. Boxes) City State ZIP Code

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Claimant's Mailing Address City State ZIP Code

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Date of Birth (mm/dd/yyyy) Relationship to the Deceased Daytime Phone Number (including area code)

Claimant's E-Mail Address

US Citizen?  Yes  No

Currently Residing in US?  Yes  No

Signature Required on page 2.



**How the Death Benefit is Distributed (Choose one of the Payment Options Below)**

**1. Lump-Sum:**

- Please send me a check for my proceeds. (A check for your proceeds is the default option if no other payment method is selected.)
- Please wire my proceeds. I acknowledge there will be a \$20.00 wire fee and have attached a copy of a voided check.

**2. Beneficiary Access Account (BAA):**

- Please establish an interest bearing BAA in my name for my proceeds and send me a book of checks for access to my money.

Except when policy proceeds are due corporations, partnerships, trusts, estates, minors and beneficiaries residing in the state of New York, if the proceeds due you are \$5,000 or greater, you may request (above) that Jackson establish a BAA in your name that permits you to write checks to withdraw your money from the BAA (subject to product availability). Money in a BAA remains in a Jackson general account until withdrawal. Jackson will pay you interest on money in your BAA. Your BAA will not be FDIC-insured.

**Attach a voided, pre-printed check with tape in the area below. Do not staple. Do not attach a deposit slip or a starter check.**

Account Holder's Name(s) 245 Main St. Anywhere, USA 00000		
Pay To The Order Of _____	\$	
		Dollars
<b>-- VOID --</b>		
Your Financial Institution		
Name		
Street Address		
City, State, ZIP	1234	
Your Routing Transit Number	Your Account Number	Your check number

**Signature**

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

**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.**
- 3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).**
- 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.**

**For Illinois residents only:** a valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds, or 3) the date that any legal impediments are resolved.

Claimant's Signature	Date Signed (mm/dd/yyyy)

Claimant's Printed Name (First)	(Middle)	(Last)



<b>Mailing Address and Contact Information</b>	
<b>Jackson Claims Administration</b>	
<b>Regular Mail</b>	P.O. Box 30503, Lansing, MI 48909-8003
<b>Overnight Mail</b>	1 Corporate Way, Lansing, MI 48951
<b>Customer Care</b>	888-565-4995 (M-Th: 8:00 a.m. to 7:00 p.m. ET and Fri: 8:00 a.m. to 6:00 p.m. ET)
<b>Fax*</b>	517-706-5513
<b>Email</b>	contactus@jackson.com

\* A fax cover page is not needed. If you have additional instructions to submit please complete Letter of Instruction (form X4250) including owner and/or annuitant signature(s) as applicable.



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## Fraud Information

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**Alabama residents, please note:** 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, Arkansas, Delaware, Idaho, Indiana, Kentucky, Louisiana, Minnesota, Ohio, and Pennsylvania residents, please note:** 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.

**Arizona residents, please note:** 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 Residents, please note:** For your protection, California Law requires the following to appear on this form: 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.

**Colorado residents, please note:** 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 in 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 residents, please note:** 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 residents, please note:** 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.

**Maine, Tennessee, Virginia and Washington residents, please note:** 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 residents, please note:** 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.

**New Hampshire residents, please note:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

**New Jersey residents, please note:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico and Rhode Island residents, please note:** 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.

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

**Oregon residents, please note:** Any person who knowingly and with intent to deceive an insurer, makes a claim for the proceeds of an insurance policy containing materially false information, avoiding definite statements of guilt, is guilty of **insurance fraud, not to conflict with the two-year limit on contestability.**

