

BENEFICIARY STATEMENT

Policy # _____

Name of Insured: _____

Claim Number: _____

Sections A, B, and C must be completed for all claims.

SECTION A - INFORMATION ABOUT YOU, THE BENEFICIARY:

1. Your Name:		2. Your Date of Birth:	
3. Your Street Address:			
City, State, Zip Code:			
4. Your Daytime Telephone:	Your Evening Telephone:	Your Cellular Phone:	
5. Your Relationship to the Insured/Annuitant:			
6. If Beneficiary is a Trust, please complete and read the information below:			
a. Name of Trust:		b. Date of Trust:	
c. Name of Trustee(s):			
I/We am/are the sole trustee(s) named in the above Trust Agreement. Said Trust Agreement is in full force and effect and has not been amended. By receipt of such proceeds, I/We fully discharge the insurer of all liability under said policy to the extent of such payment. I/We agree to indemnify and hold the insurer harmless from any and all costs, actions, losses or damages which it may suffer by virtue of payment of any proceeds under the policy.			
7. Your Social Security Number (S.S.N.): _____			
or Tax Identification Number (T.I.N.) _____			
<i>I have not been notified by the I.R.S. that I am subject to back-up withholding order on interest and dividends. (If you have been notified, cross out the entire statement.)*</i>			

*The Internal Revenue Service requires us to ask this information. We may have to withhold and send to the I.R.S., on your behalf, 24% of any interest you are entitled to, unless we have your correct Social Security Number and you state you have not been notified that you are subject to an I.R.S. Backup Withholding Order on interest and dividends.

8. If Beneficiary is an estate, has an Executor or Administrator been appointed?	
<input type="checkbox"/> Yes	Name of Executor/Administrator:
<input type="checkbox"/> No	

SECTION B - INFORMATION ABOUT THE DECEASED INSURED/ANNUITANT:

1. Name: _____ 2. Date of Birth: _____

3. Street Address: _____

City, State, Zip Code: _____

4. Other names by which the Insured/Annuitant may have been known (such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name, alias, or AKA):

5. Cause of Death: _____ 6. Marital Status: _____

7. Insured's next-of-kin's name: _____

Address of next-of-kin: _____

City, State, Zip Code: _____

8. List all insurance policies for the Insured/Annuitant:

Company	Policy Number	Amount	Issue Date

9. Give the names and addresses of all doctors and hospitals which treated the insured in the last five years: (Disregard if claim relates to an annuity)

Name	Address	Dates

SECTION C – ACKNOWLEDGEMENT:

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 thereto, commits a fraudulent insurance act, which is a crime.

I have read and acknowledge the applicable fraud notice required by state law on pages 3 & 4.

Signature of Beneficiary _____ **Date** _____

FRAUD WARNING STATEMENTS

LEAVE WITH THE BENEFICIARY/FUNERAL HOME OR OTHER PROVIDER

If the claim form already includes a fraud warning, the state specific warnings listed below prevail over the standard warning.

The law in **ALABAMA** states: "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."

The law in **ALASKA** states: "A 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."

The law in **ARIZONA** states: "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."

The law in **ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA** states: "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."

For your protection the law in **CALIFORNIA** states: "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."

The law in COLORADO states: "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."

The law in **DISTRICT OF COLUMBIA** states: "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."

The law in **DELAWARE** states: "Any person who knowingly, and with intent to injure, defraud, or deceive an insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of felony."

The law in **FLORIDA** states: "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."

The law in **IDAHO** states: "Any person who knowingly, and with intent to defraud or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony."

The law in **INDIANA** states: "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."

The law in **KENTUCKY** states: “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.”

The law in **MAINE** states: “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.”

The law in **MARYLAND** states: “ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.”

The law in **MINNESOTA** states: “A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

The law in **NEW HAMPSHIRE** states: “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.”
However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20.”

The law in **NEW JERSEY** states: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

The law in **NEW MEXICO** states: “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.

The law in **OHIO** states: “Any person who, with intent to defraud or knowing that he/she 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.”

The law in **OKLAHOMA** states: “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.”

The law in **PENNSYLVANIA** states: “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 concealing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

The law in **TENNESSEE, VIRGINIA and WASHINGTON** states: 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.

The law in **TEXAS** states: “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”