

## Statement of Claim for Death Benefits

On behalf of Foresters Financial™ please accept our condolences for your loss. We understand that this is a difficult time for you and your family. Please know that we will make every effort to process your claim promptly. We strive to provide service of the highest standards and take pride in assisting you in your claim for benefits.

To ensure timely handling of your claim, it is important that your submission contain all necessary information requested in the Claimant's Statement.

### **Please review the following checklist prior to submitting your claim:**

- Complete all applicable sections of the Claimant's Statement and sign where required. If there is more than one claimant, please ensure that a separate Claimant's Statement is completed by each claimant. Copies can be made of this document.
- Obtain a certified copy of the decedent's death certificate. **Note:** Only one certified death certificate is required per decedent with multiple certificates and/or claimants. Include the original certificate, if available. Death Certificates become a part of the claim file and will not be returned.
- If the last known beneficiary has died, please provide us with a copy of the beneficiary's death certificate.
- If the claim form is to be completed by an Executor, Administrator or a Legal Guardian, a copy of the filed document supporting that appointment must be submitted with the Claimant's Statement.
- If the claim form is to be completed by a Trustee, please be sure to include the Tax I.D. of the trust or the Social Security Number of the Trustee. Additionally, please provide a copy of that portion of the trust referring to the successor trustee(s) along with a statement that the trust is currently in effect.
- If any portion of the death benefit will be assigned, please include the funeral assignment and a copy of the funeral bill.
- Complete only if the death occurred outside the United States or Canada.** Please submit the official death certificate issued in the country where the death occurred. If available, please include a notarized translation of the death certificate. Please also complete the enclosed Foreign Death Questionnaire. In addition, if the decedent was a U.S. Citizen, we will need:
  - o A completed Report of the Death of an American Citizen Abroad (may be obtained from the local US Embassy or Consulate),
  - o A Physician's Statement, completed and signed by the doctor who certified the death.
- Complete only if the death occurred as a result of an accident, suicide or homicide.** Further investigation will be made to confirm the circumstances surrounding the death. Please complete the enclosed Authorization to Release Information. In addition, please submit a copy of the police report, coroner's report and/or toxicology report along with a copy of the decedent's driver's license and any other relevant information that may help us complete our investigation.

Please understand your claim may be delayed if incomplete forms are submitted or if additional information is required by Foresters. We will contact you as soon as reasonably possible in the event additional information is needed. Please print clearly.

### **SECTION 1: LIST ALL CERTIFICATE NUMBERS FOR THE DECEDENT**

Certificate Number(s)

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_

### **SECTION 2: DECEDENT INFORMATION**

Name: \_\_\_\_\_  
           First                      Middle                      Last                      Any Other Names Used

Address: \_\_\_\_\_  
                   Street                                      City                                      State                                      Zip Code

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ State of Residence Prior to Death: \_\_\_\_\_

If death occurred as a result of an accident, suicide or homicide, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: CLAIMANT'S STATEMENT**

Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ \* Social Security/TAX I.D. Number: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Mailing Address: \_\_\_\_\_  
 Street or PO Box  Check if same as Street address above)

\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Proceeds are paid in a lump sum unless otherwise requested. For information on alternative settlement options, please contact Claims Services.

\*This information should be filled in by the claimant as it may be required for reporting any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No Number". If the estate of the deceased is the claimant, the deceased's social security number/Tax I.D. number (I.R.S.) should be filled in.

If the Taxpayer I.D. or Social Security Number is not supplied, the Policy(ies) may be subject to federal and state withholding.

**Under penalties of perjury, I certify that:**

**(a) The taxpayer ID or Social Security number shown on this form is my correct taxpayer identification number;**  
**(b) I am not subject to backup withholding due to failure to report interest and dividend income; and**  
**(c) I am a US Citizen (including a US resident alien)**

**You must cross out any of the above items (letters a through c) that do not apply to you.**

**Notice For Contracts Issued in and Residents of Illinois Only**  
 Unless a payment is made by the Company on this claim within thirty-one days after receipt of due proof of loss, interest on the claim will accrue at a rate of 10% from the date of the death to the date of the payment for the total amount payable.

**Certification (Notarization not required)**  
 I certify that the above answers are full and true to the best of my knowledge and belief. I have read the applicable Fraud Warnings provided in this form.

**New York 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 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 Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
 Claimant Name (Print) Claimant Signature Date

\_\_\_\_\_  
 Witness Name (Print) Witness Signature Date

Certificate underwritten by The Independent Order of Foresters (The IOF), a fraternal benefit society. Foresters Financial and Foresters are trade names and trademarks of The IOF and its subsidiaries.