

LANDMARK LIFE

Administrative Office
MADMADDR1
MADMCITY, MADMST MADMZIP
MADMPHONE
FAX (325) 646-3688

LINCOLN FACTORING

1-817-850-9801

RE: POLICY
INSURED

Dear Lincoln Factoring,

Here is a blank copy of our new claimant statement. We long longer need a W-9 and lost policy affidavit when this Claimant's Statement is filled out.

Sincerely,

LANDMARK LIFE
Customer Service Department

Administrative Office
 PO Box 40
 Brownwood, TX 76804
 (800) 299-5433
 (325) 646-3688

LANDMARK LIFE INSURANCE COMPANY

CLAIMANT'S STATEMENT

A separate copy of this form must be filled out and sent in for each claimant. Return one certified copy of the deceased's death certificate with this form.

See the applicable State Fraud Warnings on the following page of this form.

POLICY NUMBER(S): AR00515310		Do you have your original policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send your original policy(ies) in with your claim form(s) and a certified copy of the insured's death certificate.	
FULL NAME OF DECEASED INSURED		OTHER NAMES DECEASED MAY HAVE BEEN KNOWN BY	
PRINTED NAME OF BENEFICIARY/CLAIMANT*	RELATIONSHIP	CLAIMANT DATE	CLAIMANT SOCIAL SECURITY or TAX ID
CLAIMANT'S TELEPHONE NUMBER(S)		CLAIMANT'S EMAIL ADDRESS	
CLAIMANT'S MAILING ADDRESS			ZIP CODE
<p>CLAIMANT CERTIFICATIONS: I understand that the Company is relying on the information above to properly process and pay a claim on the death of the Deceased Insured listed above, and such information is true and correct to the best of my knowledge. I acknowledge that the Company has the right to request additional information in order to process and pay this claim, and that the acceptance of this form by the company is not an admission of liability under the policy.</p> <p>U.S. TAXPAYER CERTIFICATIONS: Under penalties of perjury, I certify that (1) Social Security Number or Tax ID number provided on this form is correct, that (2) I am not subject to backup withholding due to the failure to report interest and dividend income, or I am subject to withholding and the required amount of that withholding is ___%, and that (3) I am a U.S person.</p> <p>NON-RESIDENT ALIEN STATUS: If you are a Non-Resident Alien, check below: <input type="checkbox"/> Under penalties of perjury, I certify that I am a Non-Resident Alien (The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.)</p>			
CLAIMANT AUTHORIZED SIGNATURE			DATE OF SIGNATURE

*If there is no living beneficiary, did the deceased have a Last Will and Testament? Yes No
 If yes, please send a copy of the will along with a copy of the Letters Testamentary.

Landmark Life Insurance Company Claimant's Statement

STATE FRAUD WARNINGS

AL – 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR – 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.

AZ – 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.

CO – 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 with 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 with the department of regulatory agencies.

DC – 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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

DE – 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.

FL – 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.

ID – 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.

IN – Any 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.

MD – 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 lack of the statement required above does not constitute a defense in any legal proceeding.

NM – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH – 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.

OK – 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.

PA – 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.

All Other States – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.