

ANNUITY DEATH BENEFIT CLAIM FORM

General instructions

- Use this form to apply for annuity death benefits. If there is more than one claimant, each claimant must complete a separate form.
- Attach a **certified death certificate** with the state seal and send us the policy(ies), if available.
- In case of sudden death, suicide, homicide or death by accident, provide newspaper articles, accident reports, police reports, coroner's reports, autopsy/toxicology reports or other documents.
- Complete the withholding notice (W4-P).
- Encova Life reserves the right to order additional information as necessary.

The person responsible for completing and signing this statement is determined by whom will receive the proceeds.

If the proceeds are payable to:

- 1. More than one beneficiary:** A separate form will be furnished for each beneficiary.
- 2. The estate, to the executors or administrators of the insured:** The statement should be executed by the executor or administrator, a certificate of whose appointment and qualifications must be furnished.
- 3. A minor or a mentally incompetent person:** The statement should be executed by the guardian or power of attorney, a certificate of whose appointment and qualifications must be furnished.
- 4. A deceased beneficiary:** A copy of the death certificate of any deceased beneficiary must be submitted.
- 5. A trust:** The statement should be completed by the trustee. A copy of the trust agreement should be included.
- 6. A corporate beneficiary:** An officer of the corporation should sign and give their title.

By furnishing forms and investigating the claim, the company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

If you have any questions, please call Customer Service at 888-876-6542, ext. 14584.

Part A. Proof of death

Check if policy is lost

- 1. Policy information.** Please list each annuity policy number for which you are making a claim.

Full name of insured: _____ Date of birth: ____/____/____
Date of death: ____/____/____ Cause of death: _____

- 2. Beneficiary information.** This section is to be completed by **each** individual claiming death benefits.

Full name of beneficiary: _____
Relationship to deceased: _____ Male _____ Female
Date of birth: ____/____/____ Social Security number: ____-____-____
Street: _____ City: _____
State: _____ ZIP code: _____
Daytime phone: _____ Evening phone: _____

- 3. Life insurance payment options**

Complete Part B, Payment options. If you would like detailed information about settlement options, refer to the settlement options description on page 2, contact Customer Service at 888-876-6542, ext. 14584, or contact your Encova Life agent.

Part B. Settlement options

Please select one settlement option. Discuss questions regarding method of payment with your Encova Life agent or contact Encova Life for more information.

Lump sum: Proceeds are paid one sum to the payee.

Life income, guaranteed period: Payments are guaranteed for 10- or 20-years, as elected and for life thereafter.

Interest only: Proceeds will be left with Encova Life. Interest will be paid at the rate stated in the insurance or annuity contract.

Rollover (spouse only): The accumulated value may be rolled over into an IRA in the beneficiary's own name. The Rollover IRA would continue to earn tax-deferred interest until withdrawn in the form of an annuity or in a lump sum. IRA regulations require this be completed within **60 days** of the date of death.

Five-year hold: If the beneficiary elects to leave the proceeds with Encova Life. Please complete the enclosed form, ELC-501. Encova Life will hold the proceeds of the policy at interest for five years from the date of death. You may request payments at any time in writing during the five-year period, but a full distribution of the annuity must be made within five years. **There are no surrender charges.**

Annuity in payout status – single premium immediate annuity (SPIA)

Commuted value: Proceeds are equal to the commuted value of the remaining installments.

Continue with installments: Installments will continue until the end of the guaranteed period.

FRAUD STATEMENTS

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.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Kentucky: 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 there to, commits a fraudulent insurance act, which is a crime.

Ohio: Any person who, knowingly and with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

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.

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 include imprisonment, fines and denial of insurance benefits,

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 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.

Minnesota: All insurance claim forms issued by an insurer for use in submitting a claim for payment or a claim for any other benefit pursuant to a policy shall clearly contain a warning substantially as follows: "A person who files a claim with intent to defraud, or helps commit a fraud against an insurer is guilty of a crime." An insurer may comply with this section by including the warning on an addendum attached to the claim form. The absence of the required warning does not constitute a defense in a prosecution for a violation of chapter 609 or any other chapter of Minnesota law.



SIGNATURES

By signing below, I acknowledge full settlement of all claims for the listed policy(s) and hereby release Encova Life Insurance Company from all present and future liabilities under said policy(s).

Signature of claimant

Date