

DC # _____

PART A

1. Policy information

List each life insurance policy number for which you are making a claim:

Check if policy is lost

Name of insured (first, middle, last): _____

Date of birth: ____/____/____ Date of death: ____/____/____

Cause of death: _____

2. Beneficiary information (this section is to be completed by **each** individual claiming death benefits)

Beneficiary name (first, middle, last): _____

Relationship to insured: _____ Date of birth: ____/____/____

Social Security number: ____ - ____ - ____

Tax ID number (*business/trustee/estate/etc.*): _____

Address (street, city, state, ZIP): _____

Daytime phone: (____) ____ - ____ Evening phone: (____) ____ - ____

This form is being completed by (must check one):

- Beneficiary
- Power of attorney for the beneficiary (Attach a copy of the power of attorney authorization.)
- Representative of the insured's estate (Attach a copy of the proof of appointment. If there is a will that will not be probated, we may be able to pay the insured's heirs directly, if permitted by law.)
- Trustee (Attach a copy of the Trust Agreement.)
- Legal guardian for the beneficiary (Attach a copy of the court order naming you as guardian. If the beneficiary is a minor, please provide the minor's information below.)

Name of minor (first, middle, last): _____

Minor's date of birth: ____/____/____ Minor's Social Security number: ____ - ____ - ____

See next page for Part B.

PART B

Complete Part B if the policy has been in effect for less than two years.

This information must be provided for us to process the claim.

Include names, addresses and phone numbers of all physicians, clinics, hospitals, emergency rooms, urgent care facilities, treatment centers, rehabilitation centers and home health care services that attended the insured within the following dates: from _____ to _____.

Name	Address	Phone number	Date of attendance	Disease or condition

PART C

Life insurance payment options

Please choose your payment option from the options below. If you would like detailed information about settlement options, refer to the settlement option descriptions below, contact our customer service team at 888-876-6542 or contact your independent Encova Life agent.

Settlement options and descriptions

- Lump sum: Proceeds are paid in one sum to the payee.
- Life income, guaranteed period: Payments are guaranteed for 10 or 20 years, as elected, and for life thereafter.
- Payment of a designated amount: Equal monthly, quarterly or annual payments will be paid until the proceeds and interest applied are exhausted.
- Interest only: Proceeds will be left with us. Interest will be paid at the rate stated in the insurance or annuity contract.

FRAUD STATEMENTS

All states, except Florida:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Florida:

Any person who, knowingly 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.

SIGNATURES

I do hereby make claim to Encova Life Insurance Company, declare that the answers recorded above are complete and true and agree that the furnishing of this and any supplemental forms do not constitute an admission by Encova Life that there was any insurance in force on the life in question, nor a waiver of its rights and defenses.

Additionally, under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

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 beneficiary/taxpayer

Date