


NEW ERA LIFE INSURANCE COMPANIES
P.O. BOX 4884 HOUSTON, TEXAS 77210-4884
(281) 368-7200

CLAIM NUMBER _____

PROOFS OF DEATH - CLAIMANT'S STATEMENT (Before making out this statement, read instructions on reverse)	
1. (a) Policy Number(s)	(a)
2. (a) Full name of deceased	(a)
(b) Residence at death	(b)
3. (a) Date of birth	(a)
(b) Source from which date of birth obtained	(b)
(c) Place of birth	(c)
4. (a) Date of deceased's death	(a)
(b) Place of deceased's death	(b)
(c) Occupation at death	(c)
(d) Cause of death	(d)
5. (a) State YOUR date of birth	(a)
(b) YOUR Social Security Number	(b)
(c) State your relationship to the deceased	(c)
(d) If an optional settlement is available and you do not desire payment in one sum, state type of settlement desired	(d)

These statements are true and complete. I understand that the furnishing of forms by the company does not constitute an admission that there is any insurance in force.

Dated at _____  _____
(Signature of Claimant)

this _____ day of _____ 20 _____
(Street)

Witness: _____
(City and state) (Zip)

(Signature of Claimant)

(Street)

(City and state) (Zip)

INSTRUCTIONS

The Claimant's Statement must be executed by the person (s) to whom the insurance proceeds are payable, if of legal age. Every question must be fully answered. If there is more than one beneficiary, all may execute one statement or a separate form will be furnished for each if desired.

When insurance proceeds are payable to an estate, the claimant's Statements must be executed by the Administrator or Executor and a certified copy of Letters of Administration or Letters Testamentary must be furnished.

When insurance proceeds are payable to a minor, the claimant's Statement must be executed by a guardian, and certified copy of Letters of Guardianship must be furnished.

If any part of the proceeds of a policy is payable to "children" or to others of a designated class, an affidavit must be furnished giving the name and date of birth of each and stating that the persons named in the affidavit constitute all of the class designated in the policy. If any have died, the affidavit must give the date and place of death.

RE: Policy Number: _____

Annuitant: _____

NOTICE OF WITHHOLDING ON DISTRIBUTION FROM ANNUITIES AND IRA'S

The distribution you will receive from New Era Life Insurance Companies is subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholdings will only apply to the portion of your distribution that is included in your income subject to Federal Income Tax. Note that your distribution may not be subject to Federal Income Tax if rolled over to another qualified plan.

You may elect not to have withholding apply to your distribution by signing and dating the election below. If you do not return the election along with the other proofs required by the Company, Federal Income Tax will be withheld from the taxable portion of your distribution, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

_____ I elect to have 10% withholding made on my taxable distribution.

_____ I elect to have 20% withholding made on my taxable distribution.

_____ I elect not to have withholding made on my taxable distribution.

Date

Signature of Beneficiary

Social Security Number of Beneficiary