☐ NEW ERA LIFE INSURANCE COMPANY
☐ PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
☐ NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

P. O. Box 4884 • Houston, TX 77210-4884
11720 Katy Freeway, Suite 1700 • Houston, TX 77079
281-368-7200 • 800-713-4680 • Fax: 281-368-7382 • www.NewEraLife.com

# CLAIMANT STATEMENT

Annuity Claim Form

Policy Number:

**NOTICE TO CLAIMANT**

Any person who knowingly and with intent to defraud any insurance company or other person files 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.

In furnishing this or other claim forms for the convenience of the claimant, the company does not admit liability or waive any rights.

**A. INFORMATION ABOUT THE DECEASED: (PLEASE PRINT OR TYPE)**

1. Full Name of Deceased: _____

2. Usual residence: _____
NUMBER AND STREET CITY STATE ZIP CODE

3. Date of Birth: _____ Date Of Death: _____

You must send a **Certified Death Certificate** *(A photocopy is not acceptable.)*

Check One: ☐ Policy attached ☐ Policy Lost/Destroyed: I hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

**B. INFORMATION ABOUT THE CLAIMANT BENEFICIARY: (PLEASE PRINT OR TYPE)**

1. Name: _____ Date of Birth or Trust Date: _____

2. Address: _____
Street Address City State Zip Code

3. Home Phone: _____ Cell Phone: _____ Email: _____

4. In what capacity, or by what title, are you filing this Claimant Statement? (See Page 2 for more information.)

☐ Individual ☐ Executor/Administrator of the Estate ☐ Trustee ☐ Other _____

5. Social Security Number: _____ or Tax Identification Number: _____
*(Complete if the Beneficiary is an Individual)* *(Complete if Beneficiary is a Trust, Estate, or Corporation)*

6. Settlement Options: ☐ Lump Sum Payment ☐ Other Settlement Option – Complete Claimant's Settlement Election Form

**C. FEDERAL TAX WITHHOLDING**

Please indicate below if you do or do not want any Federal Income Tax withheld from your payment(s). Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your payment(s). You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Your election will remain in effect until you revoke it. You may revoke your election at any time by sending a completed, signed and dated revocation to this office.

☐ **DO NOT** withhold Federal Income Tax

☐ **DO** withhold Federal Income Tax $ _____ or _____ % from the taxable amount.

**D. FAILURE TO COMPLETE THIS SECTION MAY CAUSE DELAY**

Federal law requires us to send to the Internal Revenue Service 31% of any interest you may be entitled to unless you certify under penalties or perjury that you have shown your correct Taxpayer Identification Number and you have not been notified that you are subject to an Internal Revenue Service backup withholding order.

**Under penalties of perjury, I certify that: (1) The taxpayer identification number shown in Section B, number 5 is correct, and (2) ☐ I have ☐ have not been notified by the Internal Revenue Service that I am subject to a backup withholding order.**

**CLAIMANT SIGNATURE** X _____ **DATE** _____

**NAME OF WITNESS PRINTED** _____

**WITNESS SIGNATURE** X _____ **DATE** _____
(No Relationship to Deceased or Beneficiaries)

# CLAIMANT STATEMENT INSTRUCTIONS

- **Each Beneficiary must complete a Claimant Statement.**
- **Only ONE Certified Death Certificate is required for the Deceased. It is unnecessary for other beneficiaries to submit additional Certificates. Photocopies are not acceptable.**

**PART B. (INFORMATION ABOUT THE CLAIMANT BENEFICIARY)**

1. **Beneficiary's Full Name:** Please state the beneficiary's first, middle, and last name.
   - If the beneficiary is a **trust**, please put the name of the trust on this line.
   - If the beneficiary is an **estate**, put "Estate of..." on this line.
   - If the beneficiary is a **corporation**, please put the name of the corporation on this line.
   - If the beneficiary is a **minor** child and the claim is being made by an appointed representative of the minor child, the name of the minor child should go on this line.

   **Date of Birth or Trust Date:** Beneficiary's date of birth or date of trust, if applicable.
2. **Street Address, City, State, Zip Code:** Please provide the beneficiary's address. If you would like the payment sent to a different address (e.g. bank or attorney's address), please provide a separate letter of instruction signed by the beneficiary.
3. **Phone Number:** Please provide telephone numbers and email address where we may contact the claimant beneficiary.
4. **In what capacity, or by what title, are you filing the Claimant Statement?** You may check only one box in this section.
   - **Individual -** If you, as an individual, are named as a beneficiary and you are claiming the proceeds for yourself (not on behalf of another individual, a trust, an estate, or a corporation), then check this box.
   - **Executor/Administrator of the Estate -** If the beneficiary is an estate and you are the court-appointed executor or administrator of that estate, please check this box. We require you to submit a copy of your letters of appointment bearing the seal of the court.
   - **Trustee -** If the beneficiary is a trust and you are the trustee duly authorized to act on behalf of the trust, please check this box. We require a copy of the trust agreement naming you as trustee.
   - **Other -** If you are claiming in any other capacity, please check this box and explain in what capacity you are claiming the proceeds. Some examples are:
     - **Guardian/Conservator of the Estate of a Minor Child -** If the beneficiary is a minor child and you are claiming in your capacity as the court appointed guardian of the estate of the minor child, please check this box. We require that you submit a copy of your letters of appointment bearing the seal of the court.
     - **Attorney in Fact (POA) for the Beneficiary -** If you have been granted power of attorney for an individual beneficiary and are claiming the proceeds on behalf of this individual, please check this box. We will need you to provide a copy of the document granting you power of attorney.
     - **Corporate Officer -** If the beneficiary is a corporation, please check this box. Any claim made on behalf of a corporation must bear the signature of a duly authorized officer of that corporation.
5. **Social Security Number or TIN:** Please provide beneficiary's social security number. If the beneficiary is the estate, a trust, corporation or other entity provide the taxpayer identification number.
6. **Settlement Options:** For Settlement Options other than Lump Sum Payment, complete a **CLAIMANT SETTLEMENT ELECTION** form. All settlement options are **IRREVOCABLE** once your claim has been processed.

**PART C. (FEDERAL TAX WITHHOLDING)**

All or a portion of your payment may be taxable. If you do not wish to have federal income tax withheld, please check the Do Not box. If you do wish to have federal income tax withheld, please check the Do withhold box. If you do not complete this section, we will automatically withhold 10% of any taxable amount.

**PART D. (FAILURE TO COMPLETE THIS SECTION….)**

**Backup Withholding:** If you have been notified by the IRS that you are subject to backup withholding, check the I have box. Otherwise the have not box.

**Beneficiary/Claimant Signature:** The person making the claim will sign on this line. If you are making a claim on behalf of another person in your capacity as attorney in fact (POA) or guardian, you must sign this line. Please sign your name as you would endorse a check. If an Asset Account is set up for this claim, you must sign all checks written of this account exactly as you signed your name on this line.

**Witness Signature:** Your signature must be witnessed by another legally competent adult who is no relationship to the deceased or beneficiaries.