



INSTRUCTIONS TO FILE A CLAIM UNDER A CLEAR SPRING LIFE ANNUITY CONTRACT

Please read the following instructions carefully. Any incomplete, inaccurate or missing information may cause a delay in the processing of your claim.

Note: The furnishing of this form does not constitute an admission that there is any insurance in force.

Requirements for all claims

- Each beneficiary must fully complete and submit a separate claim form. The form must be signed by the beneficiary and include the signature of an unrelated witness.
- A copy of original certified death certificate with the cause of death must be submitted. Only one copy of the death certificate is required.
- A completed and signed IRS Form W-9 must be submitted for each beneficiary.

Special beneficiary/claimant requirements

- Trust** A copy of the trust paperwork, including title page, trustee/successor trustee page, and signature page.
- Estate** A court-certified Letter of Administration/Testamentary or other court document appointing the estate's Personal Representative.
- Funeral Home** A copy of the funeral home assignment.
- Inherited IRA Transfer*** Transfer paperwork titled FBO the beneficiary's name, followed by the deceased person's name (John Doe, Beneficiary of Jane Doe, Deceased)
- Inherited IRA with Clear Spring Life*** Beneficiary Change Form and Required Minimum Distribution form will be sent to you with confirmation letter. (Minimum \$5,000.00)
- State as Beneficiary** An affidavit of indebtedness.
- Minor** **Please contact our office for further instruction.**

****Note: Based on current Internal Revenue Service requirements, Inherited IRA or Roth IRA contract beneficiaries must begin taking distributions beginning in the year following death. Clear Spring Life and Annuity is not responsible for calculating and distributing required minimum distributions, the failure of which may cause significant penalties. We recommend you consult with your tax advisor regarding the calculations and timing of these distributions.***

Federal Income Tax Withholding Information

Failure to provide this information will cause us to withhold Federal Income Tax from any disbursement. You may wish to discuss your withholding election with a qualified tax advisor.

Surrender Charge/Market Value Adjustment/Commutation Charges

For some annuity contracts a surrender charge, commutation charge, and/or market value adjustment may apply to the proceeds payable if taken in a lump sum. Each beneficiary will have the ability to elect a lump sum or other settlement option. In most cases, the benefit must be distributed within 5 years of the date of death. Please consult your tax advisor for additional clarification.



**IMMEDIATE ANNUITY CLAIM FORM
STATEMENT OF BENEFICIARY
Blue or black ink only**

Deceased Information:

Name: _____ Social Security Number: _____

Date of Birth: _____ Date of Death: _____

Contract Number(s) of Deceased: _____

Beneficiary Information: (One form for each Beneficiary)

Name: _____ Social Security Number: _____ M F

Address: _____

Date of Birth: _____ Relationship to Deceased: _____
CITY STATE ZIP CODE

Telephone Number: _____ Email Address: _____

As the Beneficiary or Claimant, I understand that I must name a new Beneficiary. In the event of my death, any remaining payments should go to my Beneficiaries named below. If additional space is needed, please use a separate piece of paper.

PRIMARY BENEFICIARY: (Please Print)

1) _____
 2) _____
 3) _____
Name Relationship Address Social Security#

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases me)

1) _____
 2) _____
 3) _____
Name Relationship Address Social Security#

Policy Returned: Yes **No**

Failure to return contract will not delay claim process.



IMPORTANT TAXPAYER INFORMATION

I understand that if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under the age of 59½, an IRS Federal Excise Tax may apply to the withdrawal. State income tax withholding is mandatory in CT and DC, and mandatory if younger than age 59½ in MS and NE. State income tax may not be withheld in AK, FL, HI, NH, NV, SD, TN, TX, WA, and WY. Otherwise, state income tax withholding is voluntary with the following exceptions: mandatory with federal in DE, IA, ME, MA, and OK; mandatory with federal unless waived in CA and NC, and mandatory unless waived in AR, KS, MI, OR, and VT. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

TAX WITHHOLDING ELECTION (Please Check)

- I do **NOT** elect to have taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld in the amount of \$ _____ or percentage of _____%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$ _____ or percentage of _____%.

NOTE: TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

REQUIRED NOTICES

AK RESIDENTS – REQUIRED NOTICE: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AL, AR, LA, RI, TX, WV RESIDENTS – REQUIRED NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA RESIDENTS – REQUIRED NOTICE: 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.

CA RESIDENTS – REQUIRED NOTICE: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO RESIDENTS – REQUIRED NOTICE: 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 for the 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 within the department of regulatory agencies.

DE, ID, IN, OK RESIDENTS – REQUIRED NOTICE: WARNING: 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 or commits a felony.

DC RESIDENTS – REQUIRED NOTICE: 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, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL RESIDENTS – REQUIRED NOTICE: 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.

KY RESIDENTS – REQUIRED NOTICE: 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.



MD RESIDENTS – REQUIRED NOTICE: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME, TN, VA, WA RESIDENTS – REQUIRED NOTICE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

MN RESIDENTS – REQUIRED NOTICE: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NH RESIDENTS – REQUIRED NOTICE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ RESIDENTS – REQUIRED NOTICE: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM RESIDENTS – REQUIRED NOTICE: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NY RESIDENTS – REQUIRED NOTICE: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH RESIDENTS – REQUIRED NOTICE: 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.

OR RESIDENTS – NOTICE: 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, may be guilty of insurance fraud.

PA RESIDENTS – REQUIRED NOTICE: 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.

PUERTO RICO RESIDENTS – REQUIRED NOTICE: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE OF BENEFICIARY

SIGNATURE OF UNRELATED WITNESS

DATE OF SIGNATURE

DATE OF SIGNATURE OF WITNESS

OTHER TELEPHONE NUMBER WHERE BENEFICIARY MAY BE REACHED

TELEPHONE NUMBER OF WITNESS