



## Deferred Annuity Beneficiary Death Claim Request

Annuity Number: \_\_\_\_\_ IRS Tax Status:  Qualified (IRA) or  Non-Qualified

Annuity Owner: \_\_\_\_\_ Annuitant: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Beneficiary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Mailing Address: \_\_\_\_\_

### Beneficiary Option (choose one):

- Lump Sum Payment (Amount computed as of the date that this signed form is received by the company).
- Deferred Lump Sum Payment – For a period of not more than 5 years from the date of death, proceeds will be held with interest. The remaining account value will be distributed 5 years after the date of death.
- Annuitization Option as indicated in the annuity contract: \_\_\_\_\_
- Spousal Continuance of this annuity contract.
- Other: \_\_\_\_\_

I hereby elect the annuity option chosen above and request the payment of proceeds as indicated in the box marked above. Such payment is acknowledged as full settlement of any and all claims now pending and that no liens are outstanding against this annuity. Such option chosen shall be effective as of the date that the Death Certificate, the Original Contract, and this signed form are received. I further represent that no bankruptcy proceeding is filed or pending and outstanding against this annuity.

### Check one of the following:

Is there an American Savings Life surrender charge or penalty incurred with this withdrawal/surrender?

- No.
- Yes, the surrender charge/penalty amount that will be deducted is: \_\_\_\_\_%, and I am aware of this annuity contract's surrender charges schedule.

### Method of payment (choose one):

- No payment requested.
- Check sent by regular mail to the above indicated beneficiary's mailing address.
- Direct deposit to a pre-authorized bank account by Electronic Fund Transfer (Complete additionally the Direct Deposit Bank Authorization Form).
- Other: \_\_\_\_\_

### Policy/Contract Status Statement

Unless the surrendering company's policy/contract is attached, I affirm that the policy/contract has been lost or destroyed and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title or interest in the policy/contract nor has it been assigned, pledged or encumbered.



**Federal/State Withholding Instructions (choose below):**

You must indicate if Federal/State income taxes should be withheld from your payment. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate.

**IF NO ELECTION IS MADE A 10% FEDERAL INCOME TAX WILL BE WITHHELD.**

- I **DO NOT** want Federal/State income taxes withheld from my payment, or
- I **DO** want Federal/State income taxes withheld from my payment. If you elect to have **Federal** income tax withheld from your payment it will be a minimum of 10% of your withdrawal, per IRS rules. You may have an additional dollar amount withheld in addition to the 10%.
  - Additional Federal** amount to be withheld \$ \_\_\_\_\_
  - Arizona or Utah State** amount to be withheld \$ \_\_\_\_\_ or \_\_\_\_\_% (not available in other states)

**Taxpayer Identification Number, Certification and Acknowledgement:**

**Beneficiary Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Under penalties of perjury, I certify and acknowledge that:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service 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.
3. 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. For your protection, Arizona law requires the following statement; Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Beneficiary Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**A NOTARY SIGNATURE IS REQUIRED FOR ALL PROCEEDS THAT ARE GREATER THAN \$10,000**

STATE OF _____ )	) ss. This instrument above was acknowledged before me
COUNTY OF _____ )	this _____ day of _____, 20____,
	By (Signer): _____
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.	
My Commission will expire _____	Notary Public signature _____

Neither American Savings Life Insurance Company nor any of its representatives may provide tax or legal advice. Individuals should consult their tax advisor or legal counsel for specific advice and information regarding their individual situation.