



Income 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: _____

Payee Option (choose one):

- Payee will be the same as the above indicated Beneficiary (continuation of periodic payments):
Approximately \$ _____ for _____ payments on a _____ periodic basis *.
- Request for a single lump sum payment (Commutation value): \$ _____.

Method of payment (choose one):

- Check sent by regular mail to the above indicated beneficiary's mailing address.
- Direct deposit to a bank account by Electronic Fund Transfer (Complete additionally the Direct Deposit Bank Authorization Form).
- Other: _____

For Continuation of Periodic Payments - New Beneficiary (if the above named Death Claim Beneficiary should die):

Full Name: _____ Relationship to yourself: _____
Beneficiary Phone #: _____ Email: _____
Beneficiary Address: _____
Beneficiary Date of Birth: _____ Beneficiary SSN: _____

For multiple beneficiaries, use the Additional Beneficiaries Form 1514.

Policy/Contract Status Statement

Unless the surrendering company's policy/contract is attached, I affirm that the policy 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.

* The final periodic payment may be a lesser amount in order to equal the total guaranteed payments amount.

