

CLAIMANT'S STATEMENT

Section A: Information About the Decedent: ALL FIELDS ARE REQUIRED

Deceased's Policy Number(s): _____

Full Name of the Deceased: _____ Date of Birth: _____

Deceased's Maiden Name/Other Names Known By: _____

Address (Street, Unit, City, State, Zip): _____

Deceased's Date of Death: _____ Deceased's Cause of Death: _____

Section B: Information About You, the Claimant

Claimant's Full Name: _____ Date of Birth: _____

Address (Street, Unit, City, State, Zip): _____

Phone Number (Day): _____ Phone Number (Evening): _____

Relationship to the Decedent: _____

Social Security Number: _____ or Tax Identification Number: _____

CERTIFICATION: - Under penalties of perjury, I certify that

- 1. The number shown on this form is my correct Taxpayer Identification Number and**
- 2. To the best of my knowledge, I am not subject to backup withholding.***

*** If you are subject to backup withholding, check here ☐**

Section C: Lost Policy

Select One:

- ☐ Policy Enclosed *If the policy is available, it MUST be submitted to Puritan Life Insurance Company of America with this form.*
- ☐ Policy Lost *If the policy does not accompany this form, I certify that it has been lost or mislaid and I agree to send it to the Company if found. Furthermore, I agree that for myself, my heirs, executors, assigns and administrators, the Company is released from further claim under this policy with regard to any action Unity make take in reliance on this lost policy certification.*

Section D: Settlement Options

Type of Plan: ☐ Non-Qualified ☐ Qualified (IRA, Keough, Pension, Profit Sharing, Deferred Comp., etc.)

The contract may contain one or more settlement options listed below (A through E). Select an option that is included in the contract or if the option you want is not listed, indicate your settlement selection by name on the "E: Other" line after you have carefully reviewed the options available in the contract. Availability of settlement options are subject to the terms of the contract.

Proof of age required: Copy of birth certificate, driver's license, or federal ID card. Proof also required for Joint Payees. Benefits commence upon receipt of all requirements in good order.

Settlement Options (Select One Option A, B, C, D or E)

☐ A: Lump Sum Distribution ☐ I elect to receive an immediate lump sum distribution. Send me a check for my proceeds.

☐ I elect to defer the death benefit for ____ (1-5) years.

*The beneficiary must take receipt of all the proceeds by the end of the calendar year which contains the fifth anniversary of the date of the death of the owner/annuitant. Please notify us when you would like to make a withdrawal of the deferred benefits and a form will be provided to you at that time. The contract remains in the deceased's name. **Please note:** Deferrals are not available for IRAs and other qualified plans if the deceased died after the required minimum distribution beginning date (generally April 1 after age 72).*

**If selected, you must Complete Income Tax Withholding Section*

***A Lump Sum Distribution must be select if beneficiary is a non-natural entity (Trust, corporation, etc.)*

☐ B: Spousal Continuation As the named beneficiary and spouse of the deceased, I elect to continue the Contract in my name.
**if selected, you must complete the Beneficiary Designation section*

☐ C: Benefit Continuation I elect to continue the periodic benefit checks the Annuitant was receiving, if applicable.
**If selected, you must Complete Income Tax Withholding and Beneficiary Designation Section*

☐ D: Income Options I elect to receive the following option:
**If selected, you must Complete Income Tax Withholding and Beneficiary Designation Section*

☐ Life Income Only

☐ Life Income with ____ Years Guaranteed Period Certain (enter number of years). Period-certain may not extend beyond the life expectancy of the annuitant. Equal payments will be made to the annuitant as long as he or she is living.

☐ ____ Years Period Certain Only (enter number of years). Period-certain may not extend beyond the life expectancy of the annuitant. Equal payments will be made to the annuitant as long as he or she is living.

Frequency of benefit payments: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Note: If your monthly payment is less than \$100 per month, we may reduce your payment frequency to a frequency that would result in each payment being at least \$100.

☐ E: Other I elect to receive the following Income Option from the Contract (Include frequency):
**If selected, you must Complete Income Tax Withholding and Beneficiary Designation Section*

Section E: Income Tax Withholding – Required if Settlement Option A, C, D, or E was selected

The withdrawal you receive from Puritan Life Insurance Company of America may be subject to Federal & State Income Tax Withholding. If you elect not to have withholding apply to your withdrawals, or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

For Option A: The taxable portion of the distribution made to you will be subject to 10% (20% for eligible rollover distributions*) federal income tax withholding unless you elect not to have withholding apply.

For Options C, D, and E: Annuity payments from income options are treated as wages for the purpose of income tax withholding. An annuity payment is one that is included in your income, for tax purposes, and that you receive in installments at regular intervals over a period of more than one full year from the starting date of the particular investment. The intervals can be annually, semiannually, quarterly, or monthly.

For annuity payments, your withholding election stays in effect until you change or revoke it. We must notify you each year of your right to elect to have no tax withheld or to revoke your election.

Federal Withholding - Select One

I elect:

- ☐ **Not to have Federal income taxes withheld.**
This option is not available for an eligible rollover distribution from 403(b) contracts.
- ☐ **To Withhold 10% (20% for eligible rollover distributions*) federal income tax from my distribution.**
*An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the Owner. However, such eligible rollover distribution does not include: (1) any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the Owner or the joint lives (or joint life expectancies) of the Owner and the Owner's beneficiary, or for a specified period of ten (10) years or more; (2) any distribution required under Code Section 401(a)(9); (3) any hardship distribution; and (4) the portion of any distribution that is not included in gross income.
- ☐ **To Withhold _____% on the taxable portion of my distribution(s).**
- ☐ **To Withhold \$_____ on the taxable portion of my distribution(s).**

State Withholding* - Select One

I elect:

- ☐ **Not to have State income taxes withheld.**
- ☐ **To withhold _____% on the taxable portion of my distribution(s). ****
- ☐ **To withhold \$_____ on the taxable portion of my distribution(s).**

* We cannot withhold state income tax in AK, FL, HI, NH, MS, NV, SD, TN, TX, WA, and WY.

** The following states require state tax withholding whenever federal taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your distribution if you reside in IA, KS, MA, ME, MI, NC, NE, or VT.

Section F: Beneficiary Designation – Required if Settlement Option B, C, D, or E was selected

A new beneficiary designation is required. All previous beneficiary designations are no longer valid. For multiple beneficiaries please attach additional name(s) and requested information on a separate sheet, signed and dated. Beneficiary will default to your Estate if no beneficiary designated.

Primary Beneficiaries:

Full Name: _____ DOB: _____ Relationship: _____ %: _____

Physical Address (No PO Boxes): _____

Full Name: _____ DOB: _____ Relationship: _____ %: _____

Physical Address (No PO Boxes): _____

Contingent Beneficiaries:

Full Name: _____ DOB: _____ Relationship: _____ %: _____

Physical Address (No PO Boxes): _____

Full Name: _____ DOB: _____ Relationship: _____ %: _____

Physical Address (No PO Boxes): _____

Section G: Important Notices

USA PATRIOT ACT - To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

General Fraud Warning: 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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arizona: 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.

Arkansas: 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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.

Colorado: 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.

Delaware: 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 a felony.

District of Columbia: 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.

Florida: 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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Section G: Important Notices (CONTINUED)

Kentucky: 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.

Louisiana: 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.

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

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: 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.

New Mexico: 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.

Ohio: 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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: 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.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a 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.

Washington: 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, or denial of insurance benefits.

West Virginia: 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.

Section H: Signatures

Your signature indicates you have read and understand all sections of this form carefully and you certify that all information contained is it is accurate and complete to the best of my knowledge. If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

By signing below, I certify that I have been advised to consult with a tax advisor regarding the transaction specified herein. I am responsible for any taxes resulting from withdrawals from the referenced contract.

Signature

Printed Name/Title

Date Signed

Completing Death of Owner Form:

Please complete the Death of Owner Form by following the instructions on this guide. Before Puritan can process a claim, each beneficiary is required to complete a separate form and provide all the information requested as listed below. If you have questions contact us at 844-465-0361, Monday - Friday 8:00AM - 5:00PM EST.

How do you want your benefit paid (summary):

- A. **Lump Sum** - Check made in the beneficiary's name only, mailed directly to beneficiary.
Complete all sections on the form, except Section F.
- B. **Spousal Continuation** - Continues the existing policy with Puritan Life in your name with the original issue date and same policy number. Only available if you are the sole beneficiary and the spouse of the deceased. *Complete all sections on the form.*
- C. **Benefit Continuation** - Continues the existing policy with Puritan Life in your name with the original issue date and same policy number. Only available if you are the sole beneficiary.
Complete all sections on the form.
- D. **Income Payment** - A series of payments made in the beneficiary's name only, mailed to beneficiary. *Complete all sections on the form.*
- E. **Other** - *Complete all sections on the form.*

Include with your Death of Owner Form:

- A. Check all items you are sending with this Death of Owner Form
 - ☐ **Death Certificate** - We require an original death certificate or a certified copy that provides the cause and manner of death mailed to our office. We only require one death certificate.
 - ☐ **Original Policy** - Section C on Death of Owner Form, if the Enclosed option is selected, we need the original policy.
 - ☐ If you are completing this claim on behalf of a **Trust** - a copy of the Trust documents naming you as Trustee or a successor trustee. Section B, beneficiary information must be that of the Trust.
 - ☐ If you are completing this form on behalf of an **Estate** - a copy of the appointment papers issues by a Court. Section B, beneficiary information must be that of the Estate.
 - ☐ If you are completing this claim on behalf of a **minor child** - we need a letter from you stating your legal relationship to the minor along with your signature and date of signature. You must also include a copy of the minor's birth certificate and social security card. Section B, beneficiary information must be the minor child's information. You must sign the form on behalf of the minor.
 - ☐ If you have **power of attorney** for a beneficiary - a copy of appointment papers naming you as attorney-in-fact for the beneficiary. Include a letter from you stating you are the power of attorney to the beneficiary with your signature and date of signature.
 - ☐ If you are transferring your claim payout to another company - **Transfer/Rollover/1035 exchange**, we need signed transfer paperwork, letter of acceptance and corporate resolution from the receiving company.

Submission Instructions:

Mail the Death of Owner Form and necessary documents to:

Puritan Life PO Box 11823 Winston-Salem, NC 27116	Overnight: Puritan Life 470 W. Hanes Mill Rd. Suite #200 Winston-Salem, NC 27105	If original/certified copy of death certificate has been received: Fax: 336-419-0097
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