

## Claimant's Statement

(Please print all information except where signatures are required.)

Return this form to the Claims Department at the home office of the company.

- **Baltimore Life does not accept scanned or faxed death claim documents.**
- Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person.
- Additional requirements may also be requested depending on the circumstances.

### Section A – List all policy numbers for which you are claiming a death benefit.

1. Policy Number(s) \_\_\_\_\_

### Section B – Tell us about the person insured by the policy(ies).

2. a) Name \_\_\_\_\_ b) Date of Birth \_\_\_\_\_  
First Middle Last Month/Day/Year

c) Also known as - Name \_\_\_\_\_  
First Middle Last

d) Address \_\_\_\_\_  
Street Number & Name, Suite Number, City, State, ZIP Code

e) Date of Death \_\_\_\_\_ f) State of Residence Prior to Death \_\_\_\_\_  
Month/Day/Year

### Section C – Tell us about the claimant/beneficiary of the death benefits.

3. If the last known beneficiary(ies) of the policy(ies) has died, please send us proof of the beneficiary's death.

4. a) Name \_\_\_\_\_ b) Date of Birth \_\_\_\_\_  
First Middle Last Month/Day/Year

c) Gender  Male  Female d) Relationship to Insured \_\_\_\_\_

d) Street Address \_\_\_\_\_  
Street Number & Name, Suite Number, City, State, ZIP Code

e) Claimant/Beneficiary SSN or Tax Identification No. for Estate *(I certify that this number is true, correct and complete.)* \_\_\_\_\_

f) Telephone Numbers \_\_\_\_\_ g) Email Address \_\_\_\_\_  
Home Cell

### Section D – Tell us about the doctors, hospitals and institutions who treated the insured if the policy has been issued or reinstated within two years of the date of death. (Use a separate sheet if necessary.)

5. a) Name of Personal Physician \_\_\_\_\_

b) Address \_\_\_\_\_  
Street Number & Name, Suite Number, City, State, ZIP Code

c) Name of Doctor, Hospital, or Institution \_\_\_\_\_

d) Address \_\_\_\_\_  
Street Number & Name, Suite Number, City, State, ZIP Code

### Section E – Withholding Election of Claimant

I have read the Notice of Federal Income Tax Withholding and understand that if I elect not to have Federal income tax withheld, I am liable for payments of Federal income tax on the taxable portion of this distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

I  DO\* /  DO NOT want to have Federal income tax withheld from my claim distribution. *\*(10% will be withheld unless other amount is elected here \_\_\_\_%. State taxes should also be withheld, if required by my state of residence.)*

**Certification: Under penalties of perjury, I certify that:** 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because; a) I am exempt from backup withholding (exemption code if any \_\_\_\_\_), or b) I have not been notified by the Internal Revenue Service (IRS) 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, and 3) I am a U.S. person (including a U.S. Resident Alien). 4) I am exempt from FACTA and the FACTA Code \_\_\_\_\_ (if applicable) is correct.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (If we are required to report this transaction to the IRS, we will notify you and IRS next January.)**

Your Signature (Claimant/Beneficiary) \_\_\_\_\_ Date \_\_\_\_\_

Policy(ies) enclosed     Unable to locate policy(ies)

**COMPLETE THIS SECTION FOR ALL CLAIMS:**

*Return this form to the Claims Department at the home office of the company.*

These statements are true and complete to the best of my knowledge and belief. I understand that the furnishing of forms by the company does not constitute an admission that there is any insurance in force. I agree to furnish statements by physicians who attended or treated the deceased and all other documents called for by the company as may be applicable to this claim and further agree that such statements or documents shall constitute and are hereby made a part of the Claimant's Statement. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF COMMITTING A FRAUDULENT ACT WHICH IS A CRIME AND SUBJECT TO CRIMINAL PROSECUTION.

**State Required Fraud Warnings**

**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.

**ALASKA:** 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.

**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, LOUISIANA, 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.

**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, IDAHO, INDIANA:** 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.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**MAINE, TENNESSEE, VIRGINIA, 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 and denial of insurance benefits.

**MARYLAND: WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**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 JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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 proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

**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.

**Settlement Options**

A variety of annuity settlement options are available. You may call your Baltimore Life agency or our toll-free Customer Service line at (800) 628-5433 to receive more information about available annuity options.