



Non-Annuity Death Claim Information for Claimant

We are sorry to learn about your loss. Please accept our condolences. Your Farmers Insurance representative is available to review with you the following information about submitting a claim and answer any questions you may have.

Claim Documents

In order to evaluate the claim, the following documents are required:

1) **The Claimant's Statement of Proceeds**

This form is to be completed and signed by each named beneficiary. Please note that beneficiary designations will be verified by the Life Claims Department.

2) **Authorization to Obtain Information and HIPAA Forms**

These forms are to be signed by the next-of-kin if the policy is contestable (please see below). The Authorization for Release of Health-Related Information complies with the Federal HIPAA Privacy Rule that became effective April 14, 2003.

3) **Supporting Documents**

The Policy Contract (if available)
A certified Death Certificate

Please send the completed claim forms and supporting documents to:

Farmers New World Life Insurance Company - Life Claims Department
P.O. Box 248831
Oklahoma City, OK 73124-8831

Contestable Claims

If the Insured's death occurred within two years of the policy issue or reinstatement date, this policy is not incontestable as provided for in the Incontestability Provision of the policy contract. In this case it is our routine procedure to have our representative contact you or others with knowledge of the insured, for a brief interview and to obtain any authorizations which will allow us to gather further information necessary to process the claim. Because our evaluation is dependent upon responses from various third parties such as doctors and medical facilities, the process of concluding our claim handling can take several weeks. We will inform you periodically of the status of our evaluation.

Claim Evaluation

When the completed claim forms are received, the claim can be fully evaluated. As we review your request, if anything further is required we will contact you promptly.

We appreciate your assistance and cooperation on this claim. If you have any questions you may contact our Life Claims Department via telephone at **(206) 236-6616** or via e-mail at **life.claims@farmersinsurance.com**.

Farmers New World Life Insurance Company

Life Home Office 3003 77th Avenue S.E., Mercer Island, WA 98040-2890 / 1-800-238-9671

Mailing address: P.O. Box 248831, Oklahoma City, OK 73124-8831

Life Claims Department: (206) 236-6616 / Fax: (866) 659-3320

Farmers New World Life Insurance Company
Claimant's Statement for Insurance Proceeds



The information on this Claimant's Statement for Insurance Proceeds (Claimant's Statement) is furnished by the Claimant for the purpose of claiming the proceeds of the policy number(s) listed below. Farmers New World Life Insurance Company (FNWL), by furnishing this Claimant's Statement and investigating the claim, shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.

1. Deceased's Full Name: _____ Policy Number(s): _____
2. Deceased's Legal Address: _____
Number and Street City State Zip
3. Deceased's Tax ID No.: _____ Deceased's Date of Birth: _____
Social Security/Employer ID Number Month Day Year
4. Date of Death: _____ Cause of Death: _____
Month Day Year
5. Date of First Treatment or Diagnosis: _____ Health Insurance Carrier: _____
Month Day Year Name and Address
6. Attending Physician or Hospital: _____
Name and Address
7. Did the Deceased have Life insurance with other companies? Yes No If "Yes," please list company name(s) and policy face amount(s) (use additional sheet if needed.): _____
8. Claimant's Full Name: _____ Claimant's Date of Birth: _____
Month Day Year
9. Claimant's Legal Address: _____
Number and Street City State Zip
10. Claimant's Tax ID No.: _____
Social Security/Employer ID Number
11. Relationship to Deceased: _____ Claimant's Mother's Maiden Name: _____
12. Home Telephone Number: (____) ____-____ Work Telephone Number: (____) ____-____

Settlement Options: Please review the options noted and mark your preferred distribution selection. FNWL SecurAccount[®] is available for \$10,000 or more. If you do not mark a selection, we will issue a check for the entire sum. Please refer to your policy or contact the Life Claims department for additional information regarding the settlement options listed below.

- A. FNWL SecurAccount[®]: An interest earning draft account that allows convenient immediate access to the funds. If this box is checked, your signature below acknowledges that you have read the **Welcome to FNWL SecurAccount[®] Disclosure and Agreement** and that you agree to the terms and conditions of the Agreement.
- B. Check for entire sum.
- C. Interest Accumulation: Proceeds are left on deposit with FNWL to accumulate interest.
- D. Interest Income: Proceeds are left on deposit with FNWL with interest paid directly to you.
- E. Income – Period Certain: All proceeds plus interest are paid in installments over a specified period.
- F. Income – Amount Certain: Proceeds plus interest are paid in installments over a specified period.
- G. Income – Life: Proceeds plus interest are paid in installments for a guaranteed period and continue for the payee's life.

Please contact the Life Claims department for the current interest rate on any applicable option.

Taxpayer Certification

Under penalties of perjury, I, as Claimant, certify that:

1. The number shown on this form is my correct taxpayer identification number (Social Security/Employer 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, 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. citizen or other U.S. person (including a U.S. resident alien), and 4. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you receive another notification from the IRS that you are no longer subject to backup withholding, do not cross out item 2.

The IRS requires item 4 to be included as part of the Taxpayer Certification. However, a FATCA code is not applicable for accounts maintained in the U.S. Therefore item 4 does not apply.

The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The undersigned Claimant agrees that this Claimant's Statement and a certified copy of the Death Certificate shall each constitute a part of the due proof of death as stated in the policy. The Claimant declares that the facts stated on this Claimant's Statement are complete and true to the best of their knowledge and belief. The Claimant also acknowledges that he/she has read, and that he/she understands the enclosed Claim - Fraud Warnings and Other Notices (form number MIM 6256) for their state of residence, if any.

Claimant's Signature: _____ Date: _____
 Witness Signature: _____ Date: _____

Farmers New World Life Insurance Company

Life Home Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 / 1-800-238-9671
 Mailing address: P.O. Box 248831, Oklahoma City, OK 73124-8831
 Life Claims Department: (206) 236-6616* / Fax: (866) 659-3320 (*Collect calls accepted)

Authorization To Obtain Information – Claims

Deceased's Full Name: _____ Tax ID/Social Security Number: _____

Next of Kin or Legal Representative: _____ Relationship to Deceased: _____
Please Print

I authorize any licensed physician, medical practitioner, surgeon, osteopath, chiropractor, dentist, podiatrist, optometrist, psychologist, psychiatrist, pharmacy, insurance support organization, group policyholder employer, benefit plan administrator, authorized medical official of any United States Government's facility, hospital, clinic or other medical or medically related facility or insurance company or other organization, institution or person who possesses information regarding medical history, care, treatment or advice including, but not limited to information related to HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), mental health disorder, sexually transmitted disease, nicotine use, drug use or treatment, alcohol use or treatment, prescription drug history, or non-medical information such as motor vehicle and criminal records, to release to Farmers New World Life Insurance Company (hereafter referred to as FNWL), its reinsurers, and their authorized representatives all such information or records concerning mental or physical history, diagnosis, treatment, prognosis, examination, advice, or care provided the deceased person named above.

I understand the information obtained by the use of this authorization will be used by FNWL to determine eligibility for benefits under an existing policy, plan or group plan. Any information obtained by this authorization will not be released by FNWL to any person or organization except in connection with this claim for benefits or as may otherwise be allowed or required by law.

This authorization is valid from the date signed for the duration of this Life insurance claim, or as required by law.

I have read this authorization and understand that I, or my authorized representative, is entitled to receive a copy.

I understand that I may revoke this authorization at anytime by my written request subject to the rights of any individual who acted in reliance on this authorization prior to notice of revocation.

I understand that failure to sign this authorization or revoking this authorization may impair the ability of FNWL to evaluate or process the insurance claim.

I agree that a copy of this authorization shall be valid as the original.

Signature of Next of Kin or Legal Representative: _____

Dated at: _____ on _____, 20____
City, State Month Day Year

Witness Name Printed: _____ Date: _____

Witness Signature: _____

Farmers New World Life Insurance Company
3003 77th Avenue S.E., Mercer Island, WA 98040-2890 / (206) 232-8400
Life Claims Department: (206) 236-6616 / Fax: (866) 659-3320
Collect calls are accepted by the Life Claims Department

**Authorization for Release of
Health-Related Information to Farmers New World Life Insurance Company
This authorization complies with the HIPAA Privacy Rule**

Name of Deceased (please print)

____/____/____
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, clearinghouse, medical facility, or other health care provider ("Providers") to disclose the entire medical record, prescription drug history, and any other health or billing information, including any and all information regarding the diagnosis, treatment or care of any physical or mental condition ("Health Information") concerning the deceased, to Farmers New World Life Insurance Company (FNWL) and its agents, employees, representatives, and reinsurers.

Health Information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Health Information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I am authorizing the Providers to disclose Health Information for the purpose of determining eligibility for benefits under an existing policy, plan or group plan.

By my signature below, I acknowledge that any agreements made to restrict the deceased's Health Information do not apply to limit disclosures under this Authorization and I instruct any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, clearinghouse, medical facility, or other health care provider to release and disclose the deceased's entire medical record without restriction.

This Authorization shall remain in force for the duration of the claim. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by providing written notice to FNWL. I understand that a revocation is not effective to the extent that any of the Providers has already disclosed information in reliance on this Authorization. I understand that any Health Information that is disclosed pursuant to this Authorization may be re-disclosed and is no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this Authorization to release the deceased's Health Information, FNWL may not be able to make any evaluation or process a claim for benefit payments.

I understand that I am entitled to receive a signed copy of this Authorization.

Signature of Authorized Representative

Date

Description of Authorized Representative's Authority to act for the Deceased or Relationship to Deceased

Farmers New World Life Insurance Company
Life Home Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 / 1-800-238-9671
Mailing address: P.O. Box 248831, Oklahoma City, OK 73124-8831
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Claim - Fraud Warnings and Other Notices



Please review the warning and/or notice applicable to your state, if any.

Alabama, Arkansas, Louisiana, Rhode Island and 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.

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.

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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The following are hereby defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance, per California Insurance Code 790.03 (h) and (i).

(h) Knowingly committing or performing with such frequency as to indicate a general business practice any of the following unfair claims settlement practices:

- (1) Misrepresenting to claimants pertinent facts or insurance policy provisions relating to any coverages at issue.
- (2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.
- (3) Failing to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under insurance policies.
- (4) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss requirements have been completed and submitted by the insured.
- (5) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear.
- (6) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds, when the insureds have made claims for amounts reasonably similar to the amounts ultimately recovered.
- (7) Attempting to settle a claim by an insured for less than the amount to which a reasonable person would have believed he or she was entitled by reference to written or printed advertising material accompanying or made part of an application.
- (8) Attempting to settle claims on the basis of an application that was altered without notice to, or knowledge or consent of, the insured, his or her representative, agent, or broker.
- (9) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them, of the coverage under which payment has been made.
- (10) Making known to insureds or claimants a practice of the insurer of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.
- (11) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either, to submit a preliminary claim report, and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information.
- (12) Failing to settle claims promptly, where liability has become apparent, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.
- (13) Failing to provide promptly a reasonable explanation of the basis relied on in the insurance policy, in relation to the facts or applicable law, for the denial of a claim or for the offer of a compromise settlement.
- (14) Directly advising a claimant not to obtain the services of an attorney.
- (15) Misleading a claimant as to the applicable statute of limitations.
- (16) Delaying the payment or provision of hospital, medical, or surgical benefits for services provided with respect to acquired immune deficiency syndrome or AIDS-related complex for more than 60 days after the insurer has received a claim for those benefits, where the delay in claim payment is for the purpose of investigating whether the condition preexisted the coverage. However, this 60-day period shall not include any time during which the insurer is awaiting a response for relevant medical information from a health care provider.

(i) Canceling or refusing to renew a policy in violation of Section 676.10.

In addition to Section 790.03 of the Insurance Code, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet Web site, www.insurance.ca.gov or by calling the department's consumer information line at 1-800-927-HELP(4357). You may also obtain a copy of this law and these regulations free of charge from this insurer.

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.

(Continued on next page)

Claim - Fraud Warnings and Other Notices *(continued)*

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 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 containing any false, incomplete, or misleading information is guilty of a felony.

Illinois – If this claim is not paid within 31 days from the date our company receives due proof of loss, interest will be included in the total amount payable at the rate of 10% on the total amount payable or the face amount, if payments are to be made in installments, from the date of death to the date of payment of claim.

(Public Act 96-1513, the “Civil Union Law”) Farmers New World Life Insurance Company recognizes civil unions entered into in accordance with Illinois law. Parties to a civil union are treated identically to spouses of a marriage.

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.

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.

Maine – 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 a denial of insurance benefits.

Maryland – “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.”

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.

New Mexico law governs the handling of confidential information relating to domestic abuse victims. The regulation applies to New Mexico annuitants, policy owners and claimants who identify themselves to FNWL as victims of domestic abuse. If you are a victim of domestic abuse or an individual that provides shelter, advocacy, counseling, or protection to victims of domestic abuse, you may request to be identified as a protected person under New Mexico law. You may notify FNWL at any time that you wish to be identified as a protected person and request participation in FNWL's Location Information Confidentiality Program by notifying us in writing at: Farmers New World Life Insurance Company, Compliance Department, Attn: Location Information Confidentiality Program, 3003 77th Avenue S.E., Mercer Island, WA. 98040. This program maintains the confidentiality of a protected person's location information, including the address and telephone number of residence, place of employment, school or other location of a protected person. The location information of a protected person may only be disclosed with the written consent of the protected person, or as required or permitted by law.

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 York – 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.

Ohio – Any person who, with intent to defraud or knowing that he/she 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.

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.”

Tennessee, Virginia and 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 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.

Farmers New World Life Insurance Company

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Mailing address: P.O. Box 248831, Oklahoma City, OK 73124-8831

Life Claims Department: (206) 236-6616* / Fax: (866) 659-3320 (*Collect calls accepted)

Farmers New World Life Insurance Company

FNWL SecurAccount®: P.O. Box 534043, Pittsburgh, PA 15253-4043 / 1-844-363-0592
Life Home Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 / 1-800-238-9671



Welcome to FNWL SecurAccount® Disclosure and Agreement

After many years of assisting beneficiaries during the difficult period following a loss, we know that making financial decisions and coping with other obligations can be very stressful at this time. We hope this information is helpful.

What is the FNWL SecurAccount®?

At a time when you probably would rather not think about managing your finances, Farmers New World Life is offering you a convenient way of receiving the proceeds of a life insurance policy. The **FNWL SecurAccount®** is an interest bearing draft account opened in your name, which will enable you to have easy access to your insurance proceeds.

Convenient Access

Through your **FNWL SecurAccount®** draft book you have complete access to your money. You may write a draft for the entire account balance, including interest, or you may write as many drafts as you wish to whomever you wish as long as each draft is at least \$250 and you do not exceed your account balance. In addition, any other available settlement options are preserved until the entire balance is withdrawn or the balance drops below \$250. You may not make any deposits to the account. All drafts are payable through The Bank of New York Mellon and your principal and interest earnings are supported by Farmers New World Life's general account.

Interest Rate

The funds in the account currently earn 0.25% interest, which is compounded daily and credited to your account on the 27th of each month. The interest earned on the **FNWL SecurAccount®** will be determined by the company on a periodic basis and will be based upon current interest rate trends. There is no minimum interest rate, but the rate is reviewed monthly and raised or lowered according to current market conditions. This provides a rate of return competitive with other financial accounts with similar features. Please call our **FNWL SecurAccount®** Customer Service Representative at 1-844-363-0592 for the current interest rate.

Quarterly Statement

Each quarter you will be mailed a statement showing all activity in your **FNWL SecurAccount®**, including drafts written, the account balance, fees, amount of interest paid and the interest rate applied during the previous month. You will also be mailed a monthly statement if there is any activity that month other than just the crediting of interest.

Beneficiary Designation

In the event of your death, you may designate a beneficiary to whom your **FNWL SecurAccount®** will be paid. Otherwise, your account balance will be paid to your estate.

Fees and Charges

There are no fees for the drafts or for monthly administration of your **FNWL SecurAccount®**. There are fees for the following transactions:

1. \$10.00 for each draft presented for payment when there are insufficient funds available.
2. \$12.00 for each stop payment.
3. \$2.00 for each Draft or Statement copy.
4. \$28.58 for a Rush Draft Re-Order.
5. \$12.40 for a Miscellaneous Rush.

Note: Fees are subject to change. If you have questions regarding fees, please contact our **FNWL SecurAccount®** Customer Service Representative at 1-844-363-0592.

Alternate Withdrawal Method

If you wish to withdraw from your account other than using your **FNWL SecurAccount®** drafts, send a written request containing your account number, the amount requested and your signature to **FNWL SecurAccount®**, P.O. Box 534043, Pittsburgh, PA 15253-4043. For wire transfers, contact our **FNWL SecurAccount®** Customer Service Representative at 1-844-363-0592.

1099 Reporting

Although life insurance proceeds are not generally taxable, interest earned on your **FNWL SecurAccount**[®] is subject to normal federal and state requirements. An IRS Form 1099-INT statement showing the amount of interest earned on your **FNWL SecurAccount**[®] will be mailed to you annually. If you have questions concerning tax implications or investment options, please consult your tax or financial advisor.

General Information

The account is part of our general account, is not guaranteed by the Federal Deposit Insurance Corporation (FDIC), and is subject to the claims of our creditors. The funds are guaranteed, subject to certain limitations, by your state Guaranty Association. Please contact the National Organization of Life and Health Guaranty Associations at www.nolhga.org to learn more about the coverage limitations to your account and for contact information for the Guaranty Association in your state. In the event of insolvency, there may be a lengthy delay before receiving proceeds. We may receive income from the amounts held in the account. The obligation of Farmers New World Life to pay the total policy or contract proceeds is satisfied by depositing the total proceeds into the draft account and by the delivery of a draft book.

Inactive Accounts

Accountholders with no activity for one year are contacted by mail at the last known address on record; acknowledgement of current address and contact information is requested.

- If we do not receive a response from the accountholder, the funds are forwarded to a Trust account for eventual escheat to the state based on the last known address on record, per state unclaimed property reporting requirements.
- If mail is returned as undeliverable, we will compare the accountholder name to the Social Security Death Master File to verify that the account is still valid. If a death is verified, the funds are paid to the beneficiary on record. If we are unable to verify the death and we do not receive a response from the accountholder, the funds are forwarded to a Trust account for eventual escheat to the state based on the last known address on record, per state unclaimed property reporting requirements.

Questions

If you have any questions regarding how the **FNWL SecurAccount**[®] works, we encourage you to contact your insurance producer or our **FNWL SecurAccount**[®] Customer Service Representative at 1-844-363-0592.

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE INSURANCE DEPARTMENT.