

Life Claimant Statement

Each claimant needs to complete this form to request payment of a life insurance death benefit.

Section A: Insured Information (the person who is deceased)		
1. Insured's Full Name (First, Middle, Last) <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>		This is the person insured by the life insurance policy that is now deceased.
2. Was the insured known by any other names, such as a maiden name, hyphenated name, nickname, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list them below: <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	Don't know <input type="checkbox"/>	This helps us verify the insured's identity as well as search for relevant information that we may require during our claim review. Getting this up front can reduce requests for additional information later.
3. Insured's Last 4 of SSN XXX-XX-____	Don't know <input type="checkbox"/>	Insured's social security number or Federal Tax ID.
4. Insured's Policy Number(s) <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	Don't know <input type="checkbox"/>	If you don't have this information, we will search by insured name, DOB and SSN.
5. Insured's Date of Birth (mm/dd/yyyy) ____ / ____ / ____	Don't know <input type="checkbox"/>	This helps us verify the insured's identity if you don't have the policy number.
6. Insured's Date of Death (mm/dd/yyyy) ____ / ____ / ____	Don't know <input type="checkbox"/>	This is the exact date when the insured passed away.
7. Did the insured's death occur <u>within</u> the United States? <input type="checkbox"/> Yes – location of death (city, state): _____ <input type="checkbox"/> No* – list country: _____ *Additional requirement: If the insured's death occurred <u>outside</u> of the United States, we will require a Report of the Death of an American Citizen Abroad.	Don't know <input type="checkbox"/>	This information helps us ensure we are following local legal processes correctly.
8. Does the insured have life insurance policies with other companies? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list the name(s) of the company(ies): <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	Don't know <input type="checkbox"/>	We are sometimes able to use this information to streamline certain parts of our claim review.

<p>9. Manner of Insured's Death:</p> <p><input type="checkbox"/> Natural</p> <p><input type="checkbox"/> Accident</p> <p><input type="checkbox"/> Suicide</p> <p><input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Pending investigation</p> <p><input type="checkbox"/> Other – please explain:</p> <div style="border: 1px solid #ccc; height: 40px; margin-top: 5px;"></div>	<p>Don't know <input type="checkbox"/></p>	<p>Natural death refers to death caused by an internal factor such as disease, aging, or illness.</p> <p>Accidental death is caused by an external factor like an unexpected event (ex. car crash, bad fall, drowning).</p> <p>If manner of death is still pending investigation, we may require a final death certificate once a determination is made.</p>
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<p>Section B: Claimant Information (person or entity requesting the life insurance payout)</p>		
<p>10. Under what capacity are you making this claim? (check one)</p> <p><input type="checkbox"/> Individual person – you are filing this claim as an individual (ex. beneficiary, next of kin, etc.)</p> <p><input type="checkbox"/> Minor child – you are filing this claim on behalf of a minor child (ex. beneficiary, next of kin, etc.). If a legal guardian of the child's estate has been appointed by the court, a <u>copy of the legal guardianship papers</u> is required.</p> <p><input type="checkbox"/> Executor of estate – this is only if the Estate is named as the beneficiary of this policy. Use the Estate Tax ID below, and a <u>copy of the certified appointment paper</u> is required.</p> <p><input type="checkbox"/> Trustee – if you selected this option, you will <u>also</u> need to complete Section C</p> <p><input type="checkbox"/> Viatical settlement provider – please include your name and title under which you are authorized to act on behalf of the company.</p> <p><input type="checkbox"/> Collateral assignee – A copy of the assignee's statement of interest must be provided. The claim form must be signed by a Corporate Officer and include their title under which they are authorized to act on behalf of the company.</p>	<p>This is the person or entity requesting the life insurance payout.</p> <p>A viatical settlement provider is a company or entity that purchases life insurance policies from policyholders before their death in exchange for a lump sum payment.</p> <p>A collateral assignee is a third-party, typically a lender or financial institution, to whom the policyholder has transferred policy rights in exchange for a loan.</p>	
<p>11. Claimant's Full Name (individual, trustee, or authorized representative)</p> <div style="border: 1px solid #ccc; height: 30px; margin-top: 5px;"></div> <p>Additional requirement: If the claimant's name <u>has changed</u> from how it's listed as the policy beneficiary, please include the corresponding legal document (e.g., marriage certificate, divorce decree, or court order) <u>and</u> a copy of your current driver's license/state ID or Social Security card.</p> <p>If filing on behalf of an entity (e.g., estate, trust, or corporation), provide the name of the entity for which you are filing the claim:</p> <div style="border: 1px solid #ccc; height: 30px; margin-top: 5px;"></div>	<p>This is the person or entity requesting the life insurance payout.</p>	

<p>12. What is the claimant's relationship to the insured?</p> <p> <input type="checkbox"/> Spouse (married to insured at time of death) <input type="checkbox"/> Ex-spouse (divorced from insured at time of death) <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other – please specify: _____ </p>	<p>If the claimant is an entity (e.g., estate, trust, or corporation), select 'Other'.</p>
<p>13. Is the claimant a U.S. citizen (including resident alien) or U.S. domestic entity?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No – please list country: _____ </p> <p>Additional requirement: If you are <u>not</u> a U.S. person or entity, you will need to include IRS Form W-8BEN or W-8BEN-E with your claim forms. You can obtain a copy from the IRS website.</p>	<p>If you are <u>not</u> a U.S. person or entity, you will need to include a copy of IRS Form W-8BEN or W-8BEN-E with your claim forms. You can obtain a copy from the IRS website.</p>
<p>14. Claimant's SSN (individual beneficiary)</p> <p>_____ - _____ - _____</p> <p>If filing on behalf of an entity (e.g., estate, trust, or corporation), provide the Tax ID instead:</p> <p>_____ - _____ - _____</p>	<p>We require this information for identity verification and tax reporting (if applicable).</p> <p>The insured's SSN cannot be used here.</p>
<p>15. Claimant's Date of Birth (mm/dd/yyyy)</p> <p>____ / ____ / _____</p>	<p>Skip this question if the claimant is an entity (e.g. estate, trust, or corporation).</p>
<p>16. Claimant's Daytime Phone Number</p> <p>_____</p>	<p>We need to know the best phone number to reach you in case you need to reach you during daytime business hours</p>
<p>17. Claimant's E-mail Address</p> <p>_____</p>	<p>This is the email address we will use to authenticate your identify for inquiries received over email.</p>
<p>18. Claimant's Physical Street Address (no P.O. Boxes)</p> <p>Street Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p>	<p>We are required by law to obtain a physical street address for identity verification and fraud prevention.</p>

<p>19. Is the claimant's <u>mailing address</u> the same as the address listed in Question 18?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – please provide it below:</p> <div style="border: 1px solid #ccc; height: 60px; margin-top: 10px;"></div>	<p>This is the address we will use to communicate with you by mail.</p> <p>You may use a P.O. box as your mailing address, if applicable.</p>
<p>20. Which settlement option do you prefer? (check one)</p> <p>Unless the insured's policy offers other options, all life settlements are paid out as a single <u>lump sum</u>. If you are interested in an alternative settlement type, check the policy for available options and list your desired choice below.</p> <p><input type="checkbox"/> Lump sum in the form of a paper check</p> <p><input type="checkbox"/> Lump sum in the form of direct deposit</p> <p><input type="checkbox"/> Other settlement option: _____</p>	<p>Some policies only offer lump sum as a settlement option. Others may include installment payments or annuity options. If you need help understanding which options are available to you, please call us.</p>

Proceed to **Claimant Signature** on Page 6 unless you are claiming benefits on behalf of a trust.

If needing to complete the **Trustee Certification**, proceed to next section.

Section C: Trustee Certification

(only complete the section if you are filing this claim on behalf of a trust – if not, skip to **Section D**)

<p>21. Date of Trust Agreement (mm/dd/yyyy)</p> <p>____/____/____</p>	<p>This is the date on which the trust was signed and became legally effective.</p>
<p>22. Date(s) of Trust Amendments</p> <p></p>	<p>These are the date(s) on which the trust was legally revised.</p>
<p>23. Trust Agreement</p> <p>Additional requirement: A copy of the trust agreement, including the signature page(s) and any amendments, must be included with the claim forms.</p> <p><input type="checkbox"/> <i>I/We, the undersigned trustee(s), swear that the copy of the trust agreement we provide is a true and exact copy. This agreement is currently in effect, and we have the authority to confirm its accuracy and validity.</i></p>	<p>This is the legal document establishing the trust. It contains the terms and conditions under which the trust will operate.</p>
<p>24. Generation Skipping Transfer Tax Information</p> <p><i>I/We, the trustee(s) listed on the next page, swear that the following statement is true about the possible application of the Generation Skipping Transfer (GST) tax on the death benefit payment.</i></p> <p><input type="checkbox"/> The GST tax does not apply because the death benefit is not included in the insured's estate for federal estate tax purposes.</p> <p><input type="checkbox"/> The GST tax does not apply because the GST tax exemption will offset the GST tax.</p> <p><input type="checkbox"/> The GST tax does not apply because at least one of the trust beneficiaries is not a 'skipped' person.</p> <p><input type="checkbox"/> The GST tax does not apply because of other reasons outlined in the attached document (please include a copy of the document outlining the reasons why GST does not apply)</p> <p><input type="checkbox"/> The GST tax <u>may apply</u>. As a result, the death benefit is subject to the withholding of applicable GST tax. Enclosed is a completed Schedule R-1 (Form 706) for submissions to the Internal Revenue Service.</p>	<p>An option must be selected before a life insurance payout can be made.</p> <p>Generation skipping transfer (GST) tax is a special tax that the government charges when someone gives money to others where a defined age gap exists. It was created to close tax loopholes when people would pass on wealth to their grandchildren instead of their children ('skipping' a generation).</p> <p>If the last option is selected, you may obtain a copy of the Schedule R-1 (Form 706) form online from the IRS website.</p>
<p>25. a) Does the trust have more than one trustee?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – complete Question 25b</p> <p>b) If 'Yes' to Question 25a: Does the trust require all trustees to act together?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – see 'additional requirement' note</p> <p>Additional requirement: If you answered 'yes' to 25b, include a separate piece of paper listing all trustee names and their signatures. The person completing this form will also need to sign on Page 6.</p>	<p>The trust document typically specifies whether trustees must act together or individually. Look for terms like "joint action", "majority vote", or "unanimous consent".</p> <p>In some jurisdictions, the law may require trustees to act together if the trust is silent on this issue. If unsure, it may be helpful to consult with a legal expert.</p>

Section D: Claimant Signature

By signing below, I certify all of the below statements are true under penalty of lying under oath.

- a. I claim the life insurance policy(ies) for the insured mentioned above.
- b. I confirm that all answers and information provided above are true and complete to the best of my knowledge.
- c. I am a U.S. person or entity (including a U.S. resident alien), and the tax ID I provided is correct. I acknowledge that I am providing this information on this form instead of IRS Form W-9, which will be shared with the IRS.
[cross 'c' out if you are not a U.S. person or entity and will instead be submitting a separate IRS Form W-8BEN or W-8BEN-E]
- d. I am not subject to backup tax withholding because I am either exempt, the IRS hasn't told me I'm subject to it, or they have told me that I'm no longer subject to it. **[cross 'd' out if you have been notified by the IRS that you are subject to backup withholding]**
- e. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting **[cross 'e' out if you know that you are subject to FATCA reporting]**
- f. I acknowledge that submitting this form and any other supplemental forms or documentation does not mean that Lumico Life Insurance Company is automatically agreeing that the insurance policy was active at the time of the insured's death.
- g. I understand that Lumico still has the right to review the information provided and make decisions based on their findings.
- h. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding. This is Lumico Life Insurance Company's understanding of the Federal Tax Laws. Neither Lumico nor its agents provide tax, legal, or accounting advice.
- i. I have read the Claim Fraud Warnings included with this form.

For Residents of 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.

For Residents of All Other States: See the Fraud Notice on Page 8.



Claimant Signature

Title

(Beneficiary, Trustee, Estate Representative,
Corporate Officer, etc.)

Date

Need help with who should sign this form? See next page for guidance.

Claimant Type	Who should sign?
Individual person	The adult person who is claiming the benefit
Minor child	If a legal guardian of the child's financial estate or property has been appointed by the court, that individual must sign on behalf of the minor child and provide a copy of the guardianship papers
Company or corporation	An authorized representative or corporate officer, which must also include the title by which they are authorized to act on behalf of the company
Collateral assignee	The assignee or their authorized representative as outlined in the assignee's statement of interest
Executor of estate	Estate representative as outlined in the legal documents
Trust	The named trustee or trustees if the trust agreement requires all trustees to act together
Power of attorney	If the beneficiary has a Power of Attorney (POA) authorized to act on their behalf, the POA should sign their own name on the claim form and include "as POA for <beneficiary's name>"

Additional Disclosures

Important Information About the 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.

For contracts issued in and residents of Illinois only:

A valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds; or 3) the date that any legal impediments are resolved.

Fraud Notice

For Residents of Alaska, Arizona, Nebraska and Oregon: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice 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.

For Residents of 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.

For Residents of 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.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & 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 & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee 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.

For Residents of 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.

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

For Residents of 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.

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

For Residents of 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.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: 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.