



National Life Insurance Company®
Life Insurance Company of the Southwest™

Claimant's Statement

Claim is made by the undersigned for proceeds of the policies indicated in accordance with the provisions thereof.

Policy/Certificate Number(s): **549970X**

Decedent Information:

Full Name of Deceased:

NANNETTE PEARSON

Birth Date of Deceased: (mm/dd/yyyy)

Cause of Death:

Date of Death: (mm/dd/yyyy)

Legal Residence of Deceased: (City/Town/County, State)

Place of Death: (City/Town/County, State)

Claimant Information:

Full Name:

CITY OF REDLANDS

Birth Date:

Mailing Address:

JOSUN SENIOR CENTER

Phone Number:

909-335-4729

Relationship to Deceased:

21 GRANT STREET, REDLANDS, CA 92373

Instructions:

1. A Claimant Statement is required to be completed and submitted for each beneficiary.
2. Every question should be answered fully. The company may require or obtain further information should it be deemed necessary.
3. Review Payment Options on page 2.
4. The Claimant's Statement must be signed by the person or persons legally entitled to receive the proceeds as beneficiary named in the policy. If claim is made by an Executor, Administrator, Guardian, Trustee, or other legal representative, all authority derived from a court must be established by a current certificate of appointment.
 - a. If proceeds are payable to children unnamed in the policy, a Lawful Child Affidavit giving the names, birth dates and Social Security Numbers of all the children must be completed and submitted with this claimant statement by a disinterested person having knowledge of the facts.
 - b. When proceeds are payable to a corporation, the Claimant's Statement must be signed in the name of the corporation by an authorized officer.
 - c. If proceeds are payable to a Trust, the trustees should sign in capacity as trustees and not as individuals. If the trustee is a corporation, claim should be made by an authorized officer and the corporate seal should be affixed. A Trust Certification form 5213 or the signature page of the Trust is required indicating who is authorized to sign on behalf of the Trust. Form 5213 can be provided if requested.
 - d. The court ordered appointment of Guardian of the Property is needed for each minor child, along with the Social Security Numbers of all minors.
 - e. If proceeds are payable to an Estate, the Executor(s) should furnish a certified copy of the court appointment.
5. A copy of the insured's death certificate obtained from the public records and bearing an original certification of the issuing office should be furnished which should reflect the cause and manner of death.
6. If any beneficiary designated to receive proceeds at the insured's death shall have predeceased the insured, and the Company has not already been furnished with evidence of such beneficiary's death, a copy of the death certificate should be furnished.
7. All documents relative to this claim written in a foreign language must be accompanied by a sworn translation into English.
8. If the death certificate lists the deceased marital status as divorce and the decedent lived in one of the listed community states of AR, CA, ID, LA, NV, NM, TX, WA, or WI, a full copy of the divorce decree is required.

Claimant's Statement - Continued

Payment Options: Please choose one of the following options 1 to 10 below. Once an option is chosen, you will be unable to make a change. Options 1 and 2 are available for Life Insurance and Annuity Claims (Not available on immediate annuities or annuitized contracts that are already in a payout phase.)

1 Lump Sum via SecurePlus Access Account (see enclosed brochure):

If the (a) claim proceeds are payable to an individual and (b) claim proceeds exceed \$10,000.00 and (c) beneficiary resides in a state that permits this type of settlement, the payment of proceeds can be made through the SecurePlus Access Account. This account is an interest bearing account.

2 Lump Sum via Check or Direct Deposit: If by direct deposit please remit a voided check

Options 3 and 4 are additional Payment Options for Annuities Only: (Not available on immediate annuities or annuitized contracts that are already in a payout phase.)

3 Spousal Continuance: If the spouse of the deceased owner is the sole beneficiary, the annuity contract may be continued in the name of the spouse as the new annuitant/owner, if allowed by contractual terms.

4 Inherited Account: If available. A non-spouse can elect to purchase a new contract from proceeds. Proceeds paid to you over your life expectancy using the IRS RMD Single Life Table.

Options 5 through 10 if selected, we will provide you with a projection of the payment amount available and appropriate forms under separate cover.

5 Income for Specified Period: Proceeds paid in equal installments for a specific number of years. Upon your death any remaining payments will be paid to your named beneficiary(ies).

Term Period Selected _____ (Note: the minimum is 5 years and no payout may extend beyond beneficiary life expectancy)

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

6 Life Annuity With Period Certain: Proceeds paid in equal installments for a guaranteed number of payments, and then for as long as you are living. Upon your death, but prior to the end of the Period Certain, your named beneficiary(ies) will continue to receive the remaining payments. Upon your death, but after the Period Certain, payment ceases.

Term Period Selected _____ (Note: the minimum is 5 years and no payout may extend beyond beneficiary life expectancy)

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

7 Income for a Specified Amount: Proceeds paid as a specified amount until the principal and interest are exhausted. Upon your death, your named beneficiary(ies) will continue to receive the specified amount until the principal and interest are exhausted.

Specified Dollar Amount: _____

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

8 Life Annuity: Proceeds paid in equal installments for your lifetime. Payment ceases on the last payment prior to death.

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

9 Joint and Two-Thirds Annuity: Equal payments shall be made while two chosen individuals are both living. Upon the death of either, two-thirds of the amount of each payment shall continue during the life of the survivor.

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

10 50% Survivor Annuity: Equal payments shall be made during the life of the chosen primary life. Upon the death of the chosen primary life, 50% of the amount of such payment shall continue during the life of the chosen secondary life.

Mode Selected _____ (monthly, quarterly, semi-annual or annual)

NOTE: For more information regarding the above settlement options, please contact the Claims Examiner who sent you this form.

1 For payment options 6, 8, 9 & 10 involving a life annuity, we will require proof of birth (birth certificates) or other legal forms of proof.

2 Please indicate payment option selected on page 3.

3. If an option is not selected, a lump sum settlement will be provided by a SecurePlus Access Account, if allowed by the state regulations governing this policy/certificate. SecurePlus Access Accounts are not available in the states of AK, FL, KS, KY, LA, NC or RI.

4 For payment options 5 through 10, beneficiary information is strongly recommended and a beneficiary form will be provided for you to complete if you select one of these options.

5 For Annuity Claims, all payment options have federal guidelines when payment must begin. For Individual Retirement Accounts (IRA) and Pension Type Arrangements, such as a 401(k), 403(b), 412(i) and other Pension Plans, payment must begin by 12/31 following the year of death. For Non-qualified money, payment must begin by one year from date of death. If payment has not begun by these time frames, all claim proceeds must be paid out within five years from date of death.

6 Other payment options may be available, please check the copy of the decedent's policy form.

Spic out a check

Claimant's Statement - Continued

Taxpayer Identification Number (TIN) (Read carefully.)

You (as payee) are required by law to provide us (as payer) with your correct TIN. If you are an individual, your TIN is your social security number, otherwise it is your Employer Identification Number. If you have not provided us with your correct TIN, you may be subject to penalties imposed by the Internal Revenue Service.

In addition, interest payments that we make to you may be subject to backup withholding. If interest payments are subject to backup withholding, a payer is required to apply backup withholding on the payments made to you. Backup withholding is not an additional tax. Rather the tax liability of persons subject to backup withholding will be reduced by the amount of tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained.

How to Obtain a Tax Identification Number (TIN)

If you do not have a TIN, you should apply for one immediately. To apply for the number obtain Form SS-5, Application for a Social Security Number Card (for individuals), or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), at your local office of the Social Security Administration, or the Internal Revenue Service. Complete and file the appropriate form according to its instructions.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the payer. -or-
2. IRS notifies the payer that you furnished an incorrect TIN. -or-
3. You are notified by IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return only. -or-
4. You fail to certify to the payer that you are not subject to backup withholding under (3) above. -or-
5. You fail to certify your TIN. This applies only to interest payments.

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that (1) the number shown on this claimant statement is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding, and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Taxpayer Identification Number - for all Accounts:

(You MUST indicate your TIN below. If you do not have a TIN, please refer to instructions above.)

Social Security Number

- or -

Employer Identification Number

Notice of withholding on the claim proceeds for annuities. The payment received from this death claim may be subject to federal income tax withholding. If any part of this payment is taxable, we are required to withhold and report to the Internal Revenue Service. Withholding will only apply to the portion of the payment that is includable as income on your tax return.

For annuities which are part of a Pension Type Arrangement, federal withholding of 20% of this payment is required to be withheld. You may not opt out of this required withholding.

For annuities considered, as an IRA or non-qualified, federal withholding of 10% is required to be withheld; however, for IRA and non-qualified annuities you may elect not to have federal withholdings but if so elected, you may be responsible for payment of estimated tax and may incur penalties under the estimated tax rules if the withholding and estimated tax payments are not sufficient.

Withholding Instructions for IRA and Non-qualified Annuities Only: Please check one or more of the following boxes:

- ☐ I elect to have state income tax withheld _____ % or \$ _____
- ☒ I do not want to have state income tax withheld unless state law so requires.
- ☒ I do not want federal income tax withheld.

To the best of my knowledge, the undersigned certifies that no proceedings, either voluntary or involuntary, under the United States Bankruptcy law were pending against the deceased at the time of the decedent's death and none are now pending against the undersigned. I also agree to fully indemnify and reimburse the Company for any and all loss, expense or damage it may sustain from any claim resulting from the Company having paid the contract(s) without securing surrender of the original contract(s) or any previously issued duplicate/certification.

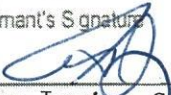
NOTICE: BEFORE SIGNING BELOW READ THE IMPORTANT FRAUD WARNING NOTICE ON PAGE 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. The following information is for the Claimant for the above SSN or EIN:

Claimant's Signature

Date (mm/dd/yyyy)

Payment Option Selected:


Sam Irwin, City Clerk

6/1/15

Lump Sum VIA CHECK

Please read the following notices applicable to the state of residence of the deceased and each claimant:

FRAUD WARNING: Any person who knowingly and intentionally provides materially false, incomplete, or misleading information (including concealing material information) from an insurance company for the purpose of deceiving or defrauding the insurance company commits a fraudulent insurance act, which is a crime, and may be subject to the denial of insurance benefits, as well as subject to fines and/or imprisonment. In Delaware, Florida, Idaho, Indiana, Oklahoma and certain other states, this crime may be a felony.

The laws of the following states and the District of Columbia require the following statements:

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.

CALIFORNIA: 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.

DISTRICT OF COLUMBIA: 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.

KENTUCKY AND PENNSYLVANIA: 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 and subjects such person to criminal and civil penalties.

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.

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 any 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 be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.