

## Claim for Death Benefits

Please see reverse for **Beneficiary Information, Signatures, and Fraud Warning Notice**  
(A separate form is required for each beneficiary.)

Name of Deceased \_\_\_\_\_ Certificate No. \_\_\_\_\_

**You must submit all of the following with this claim form, if applicable:**

- An original certified death certificate that lists the cause of death.
- An obituary (if one published).
- A photocopy of each beneficiary's driver's license or state issued I.D. card.
- Certified death certificates of all deceased beneficiaries (if any).
- If all beneficiaries are deceased, please observe instructions on the Statement of Heirship form.

**Cause of death:**

- Sickness  
 Suicide  
 Accident

To the best of your knowledge, when did the health of the deceased first begin to be affected? \_\_\_\_\_

**As beneficiary of this certificate, I elect to receive any death benefits payable to me as follows: (please select one)**

**General payout options:**

1. Pay as a lump-sum distribution (required if the beneficiary is a trust, corporation, partnership, institution, or the estate).
2. Send periodic payments to me under a tax deferred settlement option. Additional forms are required.
3. Deposit into a new certificate in my name. A new application is required and a 1099-R may be issued.
4. Deposit \$ \_\_\_\_\_ into my existing Gleaner Certificate # \_\_\_\_\_. If applicable, payout any excess as follows: \_\_\_\_\_ . A 1099-R may be issued. (\*See below)

**Additional payout options available on non-tax qualified annuities to a spousal beneficiary where the deceased spouse was the owner but not the annuitant:**

5. Change ownership of this annuity to me and leave this certificate in force. (\*\*See below)
6. Change ownership of this annuity to me and then process a tax-free 1035 exchange to a new Gleaner certificate. A new application is required.
7. Change ownership of this annuity to me and then process a tax-free 1035 exchange for \$ \_\_\_\_\_ into my existing Gleaner Certificate # \_\_\_\_\_. If applicable, payout any excess as follows: \_\_\_\_\_. (\*See below)

**Additional payout options available on non-tax qualified annuities to a spousal beneficiary where the deceased spouse was both the owner and the annuitant: (Please complete Form 158-09 to be recorded as the new annuitant.)**

8. Record me as the new owner and annuitant and leave this certificate in force. (\*\*See below)
9. Record me as the new owner and annuitant and then process a tax-free 1035 exchange to a new Gleaner certificate. A new application is required.
10. Record me as the new owner and annuitant and then process a tax-free 1035 exchange for \$ \_\_\_\_\_ into my existing Gleaner Certificate # \_\_\_\_\_. If applicable, payout any excess as follows: \_\_\_\_\_. (\*See below)

*\*By electing payout option no. 4, 7, or 10, I understand that any applicable Loyalty Bonus due on the portion exchanged to my existing certificate will be deferred and paid to my beneficiary based on the value of my annuity at the time of my death. I understand the amount transferred cannot exceed the maximum deposit amount permitted on my existing certificate. I also understand that I cannot transfer the claim proceeds into a certificate that pays a higher guaranteed accumulation rate than what was guaranteed on the prior certificate.*

*\*\*By electing payout option no. 5 or 8, I understand that any applicable Loyalty Bonus will be deferred and paid to my beneficiary based on the value of my annuity at the time of my death.*

**Please select one:**

- Enclosed is the certificate issued by Gleaner Life Insurance Society.
- I certify that the certificate has been lost or destroyed.



**Beneficiary Information:** (Please Print)

Name of Beneficiary \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Social Security or Tax ID Number:** \_\_\_\_\_

I want to have federal income tax withheld on the taxable portion of my distribution from this death benefits claim.

Yes \_\_\_\_\_ %

Check this box if you are subject to backup withholding under the provisions of section 3406(a)(1)(c) of the IRC.

No

Withholding will apply only to the portion that is subject to income tax. There will be no withholding on the portion representing a return of your cost basis or on non-taxable life insurance benefits.

**Certification:** Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) if I did not check the box above indicating that I am subject to backup withholding, I did not do so for the reason that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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).

Under federal income tax law, you will be subject to certain penalties as well as 28% backup withholding if you do not provide us with your correct social security or tax ID number.

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**I certify that the foregoing statements are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Beneficiary/Estate Executor/Trustee

\_\_\_\_\_  
Date

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**FRAUD WARNING NOTICE**

Please read the notice applying to the state where you reside.

**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.

**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.

**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.

**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.

**Virginia** - 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.