

## Annuity Death Benefit Claim Form

Annuity Policy # \_\_\_\_\_,  Non-Qualified or  Qualified

### Deceased's Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Date of Death \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Citizen of the U. S. A. -  YES or  NO; If no, country of citizenship \_\_\_\_\_  
Social Security Number \_\_\_\_\_

### Beneficiary Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary's relationship to Decedent: I am filing this claim as:

- An individual who is a named beneficiary under the policy, relationship \_\_\_\_\_  Male OR  Female
- A Trustee of a Trust, which is a named beneficiary under the policy
- An Executor of an Estate, which is named beneficiary under the policy
- Other \_\_\_\_\_

Citizen of the U. S. A. -  YES or  NO; If no, country of citizenship \_\_\_\_\_

**Payment Options** - Please select one of the listed options below. Please note: If the owner of the Policy has previously designated a payment option, the SNF will be held to disburse the funds pursuant to the payment option selected.

- Option A - Spousal Continuation** - As the surviving spouse and as the sole primary beneficiary of this annuity policy, I understand that:
1. The surviving spouse/sole beneficiary will assume all rights, privileges, and obligations on the existing contract owner, AND
  2. The policy will remain in force with the original effective date with no change of policy provisions and no death benefit distribution will occur, AND
  3. This ownership change is a non-taxable event under the IRS code as long as the requirements are met (as recognized by Federal tax law) AND
  4. This option is only available to the surviving spouse of a lawful marriage and not to a surviving civil union, domestic partner, and same-sex spouse not recognized by federal tax law.
  5. New beneficiaries must be assigned.
- If applicable - IRA Required Minimum Distribution (check the appropriate box)*
- I will be under the age of 70 1/2 in the year in which I am requesting this ownership change; OR
- I have already or will attain age 70 1/2 in the year in which I am requesting this ownership change.
- Option B - Five (5) year Deferral** - This option available to those policies with a death benefit of \$10,000 or greater. I understand that:
1. This option delays payment of proceeds for up to five (5) years from the original owner's/insured's date of death.
  2. No addition money can be added to this policy.
  3. Any and/or all distributions may be taxable as they are received by the beneficiaries AND these distributions will be reported as ordinary income on IRS form 1099-R.
  4. The Beneficiary must take the full distribution of the proceeds no later than the fifth anniversary of the decedent's date of death.
  5. The Death Benefit under this option will be current account value on the date of death plus any accumulated interest credited.
  6. New Beneficiaries must be assigned.

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- Option C** - Establish your own account - This option is available to non-spouse beneficiaries - I understand that:
1. This option is a taxable event.
  2. Any earnings in the policy will be reported as ordinary income to the beneficiary choosing this option and reported on IRS form 1099-R.
  3. The cost basis of this policy will be adjusted to include the amount that has been reported to the IRS.
  4. A new application must accompany this claim form and that a new policy will be issued from the SNF Home Office.

- Option D** - Annuitization - Is available for death benefits of \$5,000 or greater. I understand that:
1. An Annuitization form must accompany this form.
  2. This option must begin prior to the first anniversary of the decedent's death.
  3. This option is IRREVOCABLE.

Choices available are:

- Life Only - Payments are made to you for as long as you live. Payments cease upon the death of the beneficiary.
- Life with a period certain - Payments are made to you for as long as you live. If you die within the selected period after payments have begun, payments will continue to your named beneficiary for the balance of the period selected.
- Installment payments for a designated amount - Payments are made to you in equal dollar installments. Installments continue until the value of the proceeds are depleted.

- Option E** - Lump Sum - Available on all SNF Flexible Premium Deferred Annuities - I understand that:

1. This option is a taxable event.
2. Any earnings in the policy will be reported as ordinary income to the beneficiary choosing this option and reported on IRS form 1099-R.
3. I will be able to choose one of the following methods of delivery of the distribution of benefits.

- Check -  Regular Mail *(no additional fee)*  Overnight Mail *(\$25.00 fee, subject to change)*

Mail check to:  Address of beneficiary OR

Alternate Address *(please provide address below)*

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- ACH - Direct Deposit *(no additional fee)*

Checking Account *(must attach voided check and completed ACH form must accompany this form)*

Wire Deposit *(wire fees \$30 Domestic; \$50 International - fees subject to change)*

On the receiving Financial Institution's letterhead - the following must be provided:

- Account Holder's Name, Account Number, Account Routing Number(s)
- Financial Institution's Full Name and Address
- Any additional information needed to correctly further credit the proper Account Holder

- Option F** - Transfer/Exchange/Direct Rollover - This option allows the transfer of funds to another SNF policy or a transfer to another company.

- Additional forms are required for a 1035 Exchange to another SNF policy.

- New Annuity Application
- 1035 Exchange Rollover/Transfer form
- Disclosure Notice

- Additional forms are required for a 1035 Exchange to another Company

- 1035 Exchange Rollover/Transfer form from the other Company
- Acceptance letter from other company

- Send Directly to My Established IRA account # \_\_\_\_\_ : *(Make check Payable to:)* \_\_\_\_\_

Company Name/Trust Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Additionally – Please submit proof of established account *(copy of statement and/or verification of acceptance of funds)***

**NOTICE:** The above options are for Natural Person Policies ONLY. Additional documentation may be required when the beneficiary is a(n): Estate, Trust, Guardian *(minors or incompetent beneficiaries)*, Corporation, Partnership, or Assignment to a Third Party. Power of Attorney documents if required, must be submitted with this form. If the Power of Attorney document was executed more than three years ago, additional information and/or documents may be required.

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Election of Beneficiary(ies): - PRIMARY

Name (first, Middle, Last)	Relationship to Owner	Date of Birth	Social Security Number	Benefit Share
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				%
Name (first, Middle, Last)	Relationship to Owner	Date of Birth	Social Security Number	Benefit Share
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				%
Name (first, Middle, Last)	Relationship to Owner	Date of Birth	Social Security Number	Benefit Share
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				%
Name (first, Middle, Last)	Relationship to Owner	Date of Birth	Social Security Number	Benefit Share
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> Contingent				%

***\*\* If Additional Beneficiaries are desired, please attach an additional sheet to this application \*\****

***Fraud Warnings:***

**For Residents of PA, & WV**— 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 the person to criminal and civil penalties.

**For Residents of OH**— 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.

**For Residents of IN** - Any person who knowingly and with intent to defraud or deceive an insurer files a false statement of claim containing any false, incomplete or misleading information commits a felony.

■ I hereby attest that the original policy is lost.  YES or  NO, If yes, I further attest that the above mentioned policy has not been assigned to any person or entity.

By signing below, I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief. Additionally, I certify that I have read and agree to the option chosen above. Furthermore, I understand that the SNF does not offer financial, tax, and/or legal advice and realize there may be tax implications as a result of this beneficiary request.

Beneficiary's Signature

Date

Title (if applicable)

Relationship to Deceased

***Home Office Use Only:***

Signature of Approval

Date

***Comments:***

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