



PO Box 11609 Winston-Salem, NC 27116
Overnight Address: 4964 University Parkway Suite 203,
Winston-Salem, NC 27106
Fax 303.220.8056 • Toll Free 833.658.2841

CLAIMANT'S STATEMENT

Section A - Information About the Decedent: PLEASE DO NOT LEAVE ANY QUESTION (1-5) BLANK

Deceased's Policy Number(s) _____

1. Name of the Deceased: _____ 2. Deceased's Date of Birth: _____
First M.I. Last Mo. Day Yr.

3. Deceased's Maiden Name/Other names known by: _____

4. Deceased's Social Security Number: _____

5. Deceased's Address: _____
Street Apt. No. City State ZIP Code

6. Deceased's Date of Death: _____ 7. Deceased's Cause of Death: _____

Section B - Information About You, the Claimant:

1. Your Name: _____ 2. Your Date of Birth: _____
First M.I. Last Mo. Day Yr.

3. Your Address: _____
Street Apt. No. City State ZIP Code

4. Your Telephone Number: Evening () _____ - _____ Day () _____ - _____

5. Your Relationship to the Decedent: _____

6. Enter your tax identification number in the appropriate box. For most individuals, this is your social security number. Social Security Number (S.S.N.) OR Tax Identification Number (T.I.N.)

CERTIFICATION: - Under penalties of perjury, I certify that

- 1. The number shown on this form is my correct Taxpayer Identification Number and
2. To the best of my knowledge, I am not subject to backup withholding. [If you are subject to backup withholding, cross out the words after (b)].

Section C - Lost Policy: Policy Enclosed Policy Lost

If the policy is available it MUST be submitted to Colorado Bankers Life Insurance Company with this form.
If the policy does not accompany this form, I certify that it has been lost or mislaid and I agree to send it to the Company if found. Furthermore, I agree that for myself, my heirs, executors, assigns and administrators, the Company is released from further claim under this policy with regard to any action Unity make take in reliance on this lost policy certification.

Section D – Settlement Options

Type of plan: _____ Non-Qualified _____ Qualified (IRA, Keough, Pension, Profit Sharing, Deferred Comp., etc)

Select Option A, B, C, D or Other (immediately below) then Sign and Date the Form in the Section titled "Signatures."

The contract may contain one or more settlement options** listed below (A through D). Select an option that is included in the contract or if the option you want is not listed, indicate your settlement selection by name on the "Other" line below after you have carefully reviewed the options available in the contract. Availability of settlement options are subject to the terms of the contract.

OTHER: _____

(If you fill-in an "Other" option on this line, you must also complete the "Notice of Withholding" section following Item D below and Section F "Beneficiary Designation.")

****Proof of age required: Copy of birth certificate, driver's license or federal ID card. Proof is also required for Joint Payees. Benefits will commence upon receipt of all requirements in good order.**

A. LUMP SUM DISTRIBUTION or DEFERRAL OPTIONS – If you select this option, you must also complete the "Notice of Withholding" section below.

- I elect to receive a lump sum distribution. Please send me a check for my proceeds.
- I elect to defer the death benefit for _____ years. *The beneficiary must take receipt of all the proceeds by the end of the calendar year which contains the fifth anniversary of the date of the death of the owner/annuitant. Please notify us when you would like to make a withdrawal of the deferred benefits and a form will be provided to you at that time. The contract remains in the deceased's name. **Please note:** Deferrals are not available for IRAs and other qualified plans if the deceased died after the required minimum distribution beginning date (generally April 1 after age 72*

NOTICE OF WITHHOLDING – If you have selected a Lump Sum or Five Year Deferral you must complete this section.

Note: Taxes will be withheld if no election is made.

Federal Tax Withholding

The taxable portion of the distribution made to you will be subject to 10% (20% for eligible rollover distributions*) federal income tax withholding unless you elect not to have withholding apply.

1. **Do not withhold federal income tax from my distribution.** (If this box is checked, do not check box 2 or 3 below.) This option is not available for an eligible rollover distribution from 403(b) contracts. If you elect not to have withholding apply to your withdrawals, or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

2. **Withhold 10% (20% for eligible rollover distributions*) federal income tax from my distribution.**

3. In addition to the instructions in No. 2 above, please withhold the following additional percentage: _____%.

State Tax Withholding (Depending on the laws in your state, state income tax withholding may be required. See "Important Information" section for state withholding requirements.)

4. **"Yes"**, please withhold the following percentage for state income taxes: _____%.

5. **"No"**, do not withhold state income tax.

*An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the Owner. However, such eligible rollover distribution does not include: (1) any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the Owner or the joint lives (or joint life expectancies) of the Owner and the Owner's beneficiary, or for a specified period of ten (10) years or more; (2) any distribution required under Code Section 401(a)(9); (3) any hardship distribution; and (4) the portion of any distribution that is not included in gross income.

B. SPOUSAL CONTINUATION - If you select this option, you must also complete Section E, "Beneficiary Designation."

As the named beneficiary and spouse of the deceased, I elect to continue the Contract in my name.

C. BENEFIT CONTINUATION OPTION – If you select this option, you must also complete the "Notice of Withholding" section below and Section E, "Beneficiary Designation."

I elect to continue the periodic benefit checks the Annuitant was receiving, if applicable.

D. INCOME OPTIONS – If you select one of these options, you must also complete the "Notice of Withholding" section below and Section E, "Beneficiary Designation."

** Life Income Only

** Life Income with ____ Years Guaranteed Period Certain (enter number of years). Period-certain may not extend beyond the life expectancy of the annuitant. Equal payments will be made to the annuitant as long as he or she is living.

** ____ Years Period Certain Only (enter number of years). Period-certain may not extend beyond the life expectancy of the annuitant. Equal payments will be made to the annuitant as long as he or she is living.

** Other. Enter Name of Income Option from the Contract: _____

Frequency of benefit payments: Monthly Quarterly Semi-Annually Annually

**** Proof of age required: Copy of birth certificate, driver's license, or federal ID card. Proof also required for Joint Payees. Benefits commence upon receipt of all requirements in good order.**

NOTICE OF WITHHOLDING – If you have selected an "Other" Option, Benefit Continuation Option or an Income Option, then you must complete this section.

Annuity payments from income options are treated as wages for the purpose of income tax withholding. An annuity payment is one that is included in your income, for tax purposes, and that you receive in installments at regular intervals over a period of more than one full year from the starting date of the particular investment. The intervals can be annually, semiannually, quarterly or monthly.

Unless you tell us otherwise, tax must be withheld on annuity payments as if you are married and claiming three withholding allowances.

For annuity payments, your withholding certificate stays in effect until you change or revoke it. We must notify you each year of your right to elect to have no tax withheld or to revoke your election. *If you elect not to have withholding apply to your withdrawals, or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.*

Complete the following applicable lines:

You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your payments.

I elect **not** to have state and federal income tax withheld from my annuity.

I elect withholding from each periodic annuity payment to be figured using the number of allowances and marital status shown. **Number of allowances:** _____.

Marital Status: Single Married Married, but withholding at higher single rate.

I elect the following additional amount withheld from each annuity payment. **Note:** *For annuity payments, you cannot enter an amount here without entering the number (including zero) of allowances above.* \$ _____.

If your state of residence has state income tax, you may elect to have taxes withheld using the same allowances and marital status as used for federal withholding.

I elect to have state tax withheld. (Depending on laws in your state, state income tax withholding may be required. See "Important Information" section for state withholding requirements.)

E. BENEFICIARY DESIGNATION – If you have selected Options B, C or D, then you must complete this section.

A new beneficiary designation is required. All previous beneficiary designations are no longer valid. For multiple beneficiaries please attach additional name(s) and requested information on a separate sheet, signed and dated. Beneficiary will default to your Estate if no beneficiary designated.

Primary Beneficiary:

Full Name	Date of Birth	Relationship	SS# or TIN	%
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Physical Address (No P.O. Boxes)

Contingent Beneficiary:

Full Name	Date of Birth	Relationship	SS# or TIN	%
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Physical Address (No P.O. Boxes)

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.

Important Mailing Information

Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056. Documents required in original may not be faxed.

Section E – Your Signature. I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge.

Your Signature

Date

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 \$5,000 and the stated value of the claim for each such violation.

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