

Annuity Claim Form

Please accept our condolences during this difficult time.

Please complete the Annuity Claim Form as outlined. Each beneficiary, if applicable, is required to complete and return a separate Annuity Claim Form along with all requested documents before any death benefit proceeds are paid out. Each beneficiary must select the same settlement option. If you have any questions, please contact Wichita National Life Insurance at 1-800-522-1625.

If the Owner(s) is a person, death benefits under the contract are payable upon the death of the Owner. If the Owner is not a person, i.e., trust, corporation, death benefits are payable under the contract upon death of the Annuitant. If the Owner(s) is a person and the Annuitant dies: (a) no death benefits are payable under the Contract; (b) the Owner must select a new Annuitant; and (c) if no new Annuitant is named, the Owner becomes the new Annuitant.

Include the following with your Annuity Claim Form

- Death Certificate – We require an original death certificate or a certified copy that provides the cause and manner of death. If there are multiple beneficiaries, we require only one death certificate.
- Provide a clear photocopy of your driver's license, passport or state issued identification card.
- If you are a non-U.S. citizen, provide a W-8BEN form.
- If you are completing the Annuity Claim Form on behalf of an **Estate**, please provide a certified copy of the court document appointing the executor(s)/administrator(s) of the estate.
- If you are completing the Annuity Claim Form on behalf of a **Trust**, please provide a copy of the trust agreement that indicates: (1) the legal name and date of the trust; (2) the name of the trustee(s) and successor trustee(s); and (3) the signatures of the grantor(s)/trustee(s). If the trust has been amended, please provide a copy of the most recent amendment. A certification of trust is generally not acceptable unless it is dated the same date as the original trust agreement.
- If you are completing the Annuity Claim Form on behalf of a **minor child**, please provide a letter stating your legal relationship to the minor child along with your signature and date of signature. You must also include a copy of the minor's birth certificate and social security card.
- If you are completing the Annuity Claim Form on behalf of a **beneficiary**, please provide a copy of the legal document (e.g., power of attorney (POA), certified letter of guardianship, certified letter of conservatorship).

Settlement Options

- (A) Lump Sum – By selecting this option, you are electing to receive a check after Wichita National Life Insurance receives all of the necessary paperwork required to complete the processing of this claim. The check must be payable to you, and the distribution will be taxable to you.
- (B) Spousal Continuation – Only available if you are the sole beneficiary and the spouse of the deceased. By selecting this option, you are assuming ownership of the annuity and will also become the Annuitant. You agree to abide by all contract provisions. Under this option you can (1) continue the existing contract; or (2) transfer to another investment vehicle.
- (C) Annuitization – Only available in the first year after death. By selecting this option, you are electing to receive the contract proceeds in periodic payments that, once chosen, cannot be changed. If you select this option and subsequently pass away during the guaranteed period, your named beneficiary(ies) will continue to receive the periodic payments until the end of the guaranteed period. The guaranteed period must be for at least 5 years, but not greater than 20 years.
- (D) 5-Year Continuation – By selecting this option, you are assuming ownership of the annuity and are agreeing to abide by all contract provisions. You may withdraw funds as often as the contract allows, but you must surrender the contract within 5 years of the date of death.

Submission Instructions:

Mail the Annuity Claim Form and all required documents to:

Wichita National Life Insurance Company
Attn: Annuity Department
9078 Union Centre Blvd. Suite 200
West Chester, OH 45069



Wichita National Life Insurance Company
Phone 800.522.1625
Fax 888.453.2290
Email WNL@wnlic.com

Instructions: This form is to be completed by the beneficiary and sent along with the **contract** and a **certified certificate of death**.

Personal Information About the Deceased

Policy Number(s) _____

Name of Deceased _____

Social Security Number (SSN) _____

Date of Death (mm/dd/yyyy) _____

Date of Birth (mm/dd/yyyy) _____

Address _____

Beneficiary Personal Information

Name of Beneficiary _____

Name of Trustee or Executor (if paying a trust or estate) _____

Address _____

Mailing Address (if different) _____

Date of Birth of Beneficiary/Trustee/Executor (mm/dd/yyyy) _____

Social Security Number of Beneficiary/Trustee/Executor _____

TIN for Beneficiary/Trustee/Executor _____

Email Address _____

Phone Number _____

Relationship to Deceased _____



Settlement Option Elected

☐ Lump Sum

Have you been notified by the Internal Revenue Service that you are subject to a Back-Up Withholding Order on interest and dividends?

☐ Yes ☐ No

Failure to answer the item above will require this form to be returned to you for completion and delay processing of your claim.

☐ Spousal Continuation

☐ Continue Existing Contract

☐ Transfer to another investment vehicle (submit transfer paperwork)

☐ Annuitization (select one annuitization option below)

☐ Fixed Payments for ____ years (equal payments for specified period, e.g., 5, 10, 20 yrs)

☐ Life Income (payments for your lifetime)

☐ Life Income with ** ____ period certain (payments for your lifetime with a specified number of years guaranteed) ** insert specified number of years, e.g., 5, 10, 15, 20 yrs

☐ Joint and Survivor Life Income with ☐ 50% ☐ 66 2/3% ☐ 75% ☐ 100% to survivor

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ 5-Year Continuation (you may withdraw funds as often as the contract allows, but you must surrender the contract within 5 years of the date of death)

* To comply with Internal Revenue Code 72(s), the payments will be made for *5 years unless otherwise requested*. If you would like to receive payments for *other* than 5 years, death benefit payments must begin within one year of the date of death and payments may not exceed your life expectancy. Please indicate the number of years payments are to be received. We will contact you if the number of years you select exceeds your life expectancy.

Tax Withholding

The IRS requires that we withhold 10% federal income tax from the taxable portion of any disbursement unless you advise us otherwise. Applicable state income tax will be withheld as appropriate. If you do not want us to withhold 10% federal income tax and applicable state tax from any taxable distribution, please select the appropriate option below:

☐ Do not withhold federal or state income taxes from my payment.

☐ Withhold ____% federal income taxes.

☐ Withhold ____% state income taxes.

Signature

Beneficiary Signature

Date



NEW BENEFICIARY ELECTION

In the event of your death and you have not elected a lump sum settlement, state who is to receive proceeds:

☐ Primary Beneficiary ☐ Contingent Beneficiary

Percent Payable _____%

Full Legal Name _____ Date of Birth _____

Relationship _____ SSN _____

Address _____

☐ Primary Beneficiary ☐ Contingent

Beneficiary Percent Payable _____%

Full Legal Name _____ Date of Birth _____

Relationship _____ SSN _____

Address _____

☐ Primary Beneficiary ☐ Contingent

Beneficiary Percent Payable _____%

Full Legal Name _____ Date of Birth _____

Relationship _____ SSN _____

Address _____

☐ Primary Beneficiary ☐ Contingent

Beneficiary Percent Payable _____%

Full Legal Name _____ Date of Birth _____

Relationship _____ SSN _____

Address _____

If additional beneficiaries are to be named, please submit a separate sheet with all information listed for each beneficiary. The additional sheet must be signed and dated.

Beneficiary Signature _____ Date _____

Claim Fraud Warnings

Please refer to the applicable fraud warning for your state of residence.

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.

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.

DC: 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.

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.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines or denial of insurance benefits.

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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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.

Oklahoma: WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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 such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: 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.

West Virginia: 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.

All other states: Any person who knowingly presents a false or fraudulent claim for payment of 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.