



PILLAR LIFE INSURANCE COMPANY

DEATH ANNUITY CLAIM FORM

In order to process your claim as quickly as possible, we need some information about you, the beneficiary, and the deceased. Please submit the contracts and a certified death certificate along with pages 1, 2, 3 and 4 of the claim form. Each claimant must submit his or her own claim form. Only one certified death certificate is necessary.

If the Owner(s) is a person, death benefits under the contract are payable upon death of the Owner. If the Owner is not a person, i.e. trust, corporation, death benefits are payable 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.

1. Deceased's Information

Deceased's full legal name:

Date of birth:

Social security number:

Contract number(s):

To assist us in searching for any additional contracts, please provide us with any other names used by the deceased or any other spelling of the name of the deceased, including any aliases:

2. Claimant Information

Claimant's full legal name:

Date of birth:

Social security number or Tax EIN:

If you not the beneficiary and are claiming on behalf of a minor child, please provide the child's full legal name, address, Social Security Number and Date of Birth:

Relationship to the deceased (please explain):

Street Address:

City:

State:

Zip code:

Phone number:

Email address:

Is the contract lost?: Yes No

Has the beneficiary's name changed?: Yes No If yes, please explain _____

3. Authorization

- A. By furnishing proof of death forms Pillar Life Insurance Company does not waive any available legal defenses;
- B. I certify, under penalty of perjury, that the information and Social Security Number(s) on this claim form are true and correct;
- C. **I have read the applicable state Claim Fraud Warning provided in this form. NEW YORK RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person who 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 five thousand dollar and the state value of the claim for each such violation.**

Claimant's Signature: _____ Date: _____

(Please complete and return pages 1 through 4. Be sure to sign pages 2 and 4.)

4. Return Instructions

Please return this form to

Pillar Life Insurance Company
711 SW D Ave #100
Lawton, OK 73501

Beneficiary's Full Legal Name _____

Claim # _____

Policy # _____

1. 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
2. I DO I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM MY DISTRIBUTION.
FAILURE TO ANSWER (1) AND (2) ABOVE WILL REQUIRE THIS FORM TO BE RETURNED TO YOU FOR COMPLETION AND DELAY PROCESSING OF YOUR CLAIM.

Method of Settlement Requested:

- (a) Lump sum settlement requested? Yes No
- (b) Spouse assumption
- (c) If settlement option is available, state type of settlement desired. (Before selecting a settlement option we suggest that you consider consulting your attorney or accountant to determine if there are any IRS or state tax implications for the option you elect.)

Type of Payments for Settlement Option

- Fixed Payments (equal payments for a specified period, e.g. 5, 10, 15, 20 years): _____ years
- 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 for guaranteed payments, e.g. 5, 10, 15, 20.
- Joint and Survivor Life Income with 50% 66 2/3% 75% 100% to survivor
- Interest ** (Proceeds will be held at interest for up to five years from death; full death benefit must be paid within 5 years of date of death) choose one below
 **Accrued interest paid annually OR ** Interest to accumulate

Frequency of Payments for Settlement Option

- Monthly Quarterly Semi-annually Annually

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 state the number of years payments are to be received _____. We will contact you if the number of years you select exceed your life expectancy.

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

- Primary Contingent Percent Payable _____%

Full Legal Name _____

Date of Birth _____

Relationship _____

SSN _____ Address _____

Primary Contingent Percent Payable _____%

Full Legal Name _____ Date of Birth _____ Relationship _____

SSN _____ Address _____

Primary Contingent 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.

Claimant's Signature _____ **Date** _____

Settlement Requirements

1. Payment may be expedited if the contract(s) is sent with the completed proof of death.
2. You should send a Certified Death Certificate filed with the Board of Health.
3. A written request for payment must be made by the person to whom the insurance is payable as the last designated beneficiary or beneficiaries. The following should be observed:
 - a. If there is more than one beneficiary and/or policy, forms must be furnished for each
 - b. If the proceeds are payable to the estate, the claim form must be executed by the executor or administrator of the insured's estate. A certified copy of the Court Order showing that the executor or administrator has qualified, must also be submitted. Be sure that the Tax Identification Number of the Estate is listed rather than the Social Security Number of the person completing the form.
 - c. If the proceeds are payable to a minor or to a mentally incompetent person, the claim form should be executed by the guardian or conservator of the estate of the minor or incompetent person. A certified copy of the court appointment must also be submitted. Be sure that the Social Security Number of the minor, or incompetent person is listed rather than of the guardian or conservator.
 - d. If the proceed are payable to a Trust, the Trustee or Successor Trustee as provided for in the agreement must complete this form. Include a copy of the Trust Agreement and any amendments with your claim. Be sure that the Tax Identification Number of the Trust is listed rather than the Social Security Number of the trustee or person completing the form.
 - e. If the proceed are payable as "interest may appear," certified proof of this interest and the extent of it must be furnished. If the contract(s) has been assigned, or a power of attorney or other instrument affecting title to the insurance has been executed, the original or a certified copy of such instrument must be enclosed. The Company may require proof of the interest of any assignee.
 - f. Be sure to include your date of birth.
4. A copy of the Death Certificate or other satisfactory proof of death of each deceased beneficiary must be submitted.

Please check to see that all questions of the form are answered. Be sure that it is properly dated and signed in all required sections. If anything is not clear, see the nearest Company Representative, write to the address listed on the form (item 4), or call the toll free number 866-931-7542.

If you choose to Purchase a New Annuity or inherit the contract, please contact us at 866-931-7542 so we can arrange for to complete the necessary application.

Claim Fraud Warnings

Please refer to applicable fraud warning for you 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.