SERB NATIONAL FEDERATION

ANNUITY Death Benefit Claim Form

Annuity Contract #	, 🗌 Non-Q	ualified, \square Qualified				
Deceased Information:						
First Name	MI	Last Name	Gender	Date of Birth		
Street Address		City	State Zip Code	Date of Death		
Cit	izen of the U.S.A.:	☐ YES, ☐ NO; Count	ry of Citizenship:			
Social Security Number						
Contact Information:						
First Name	MI	Last Name	Gender	Phone Number		
Street Address		City	State Zip Code	Email Address		
Social Security Number	Date of Birth					
Beneficiary's Relationship to De	ecedent. I am filing	this claim as:				
☐ Individual who is a named be				☐ Male , ☐ Female		
☐ Trustee of a Trust, which is a	•	· 		·		
☐ Executor of an Estate, which	·					
·						
Citizen of the U. S. A. ☐ YES, ☐						
Payment Options — Please selectory previously designated a payment pursuant to the payment option ☐ Option A - Spousal Continuate contract, I understand that: 1. The surviving spouse/sole contract owner AND	nt option, the Serb Nation selected. The strong strong serviving the surviving serviving serving se	National Federation (SN	F Life) will be held	d to disburse the funds		
contract owner, AND 2.The contract will remain in no death benefit distribut 3.This ownership change is a recognized by Federal tax 4.This option is only availab domestic partner, and san 5.New beneficiaries must be	ion will occur, AND a non-taxable event law) AND le to the surviving s ne-sex spouse not r	t under the IRS code as spouse of a lawful marri	long as the requir	rements are met (as		
If applicable - IRA Required	Minimum Distribu	tion (check the appropi	riate answer)			
\square I will be under the age of 70 1/2 in the year in which I am requesting this ownership change, OR						
\square I have already or will atta	ain age 70 1/2 in the	e year in which I am req	uesting this owne	ership change.		

	-	tion B - Five (5) year Deferral - This option available to those contracts with a death benefit of \$10,000 or ater. I understand that:							
		This option delays payment of proceeds for up to five (5) years from the original owner's/insured's date of death.							
		No addition money can be added to this contract. 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	4.	 The Beneficiary must take the full distribution of the proceeds no later than the fifth anniversary of the decedent's date of death. 							
		The Death Benefit under this option will be current account value on the date of death plus any accumulated interest credited.							
		New Beneficiaries must be assigned.							
	-	ion C - Establish your own account - This option is available to non-spouse beneficiaries - I understand that: This option is a taxable event.							
		Any earnings in the policy will be reported as ordinary income to the beneficiary choosing this option and reported on IRS form 1099-R.							
		The cost basis of this policy will be adjusted to include the amount that has been reported to the IRS. A new application must accompany this claim form and that a new policy will be issued from the SNF Life Home Office.							
	pt	ion D - Annuitization - Is available for death benefits of \$5,000 or greater. I understand that:							
		An Annuitization form must accompany this form.							
		This option must begin prior to the first anniversary of the decedent's death. This option is IRREVOCABLE. Choices available are:							
•	J .	 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.							
	Opt 1.	tion E - Lump Sum - Available on all SNF Life Flexible Premium Deferred Annuities - I understand that: This option is a taxable event.							
2. Any earnings in the policy will be reported as ordinary income to the beneficiary choosing this or reported on IRS form 1099-R.									
3	3.	I will be able to choose one of the following methods of delivery of the distribution of benefits.							
		$ullet$ Check - \Box Regular Mail (no additional fee), \Box Overnight Mail (\$25.00 fee, subject to change)							
		Mail to: ☐ Address of beneficiary, ☐ Alternate Address (please provide address below)							
		Name Address City State Zip Code							
		• ACH - Direct Deposit (no additional fee)							
		\square 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/D	irect Rollover - This option	allows the transfer of f	funds to another S	NF Life					
contract or a transfer to anothe	·								
 Additional forms are required for a 1035 Exchange to another SNF Life contract. 									
	, , , ,								
 1035 Exchange Rollover 	r/Transfer form								
Disclosure Notice Additional forms are required.	for a 1025 Eychango to an	other Company							
 Additional forms are required 1035 Exchange Rollover 	r/Transfer form from the o	· · ·							
 Acceptance letter from 		inci company							
• Send Directly to My Established IRA Contract #: (Make check Payable to:)									
Company/Trust Name	Address	City	State	Zip Code					
Additionally – Please submit proof funds)	of established account (co	py of statement and/o	r verification of ac	ceptance of					
NOTICE: The above options are for I	Natural Person Policies ON	Y. Additional documer	ntation may be req	uired when					
the beneficiary is a(n): Estate, Trust	, Guardian (minors or incor	npetent beneficiaries),	Corporation, Parti	nership, or					
Assignment to a Third Party. Power	•	· ·							
Power of Attorney document was e	xecuted more than three y	ears ago, additional inf	ormation and/or o	locuments					
may be required									
Election of Beneficiary:									
☐ Beneficiary, ☐ Contingent									
Name (first, Middle)	Social Security Number						
Date of Birth	Address, City, State, Zip	· · · · · · · · · · · · · · · · · · ·	Relationship	Share					
☐ Beneficiary, ☐ Contingent									
	Name (first, Middle, Last)	Social Security Number						
Date of Birth	Address, City, State, Zip		Relationship	Share					
☐ Beneficiary, ☐ Contingent									
<i>,,</i>	Name (first, Middle, Last)	Social Securit	y Number					
Date of Birth	Address, City, State, Zip		Relationship	Share					
☐ Beneficiary, ☐ Contingent									
	Name (first, Middle, Last	Last) Social Security Number							
Date of Birth	Address, City, State, Zip	· · · · · · · · · · · · · · · · · · ·	Relationship	Share					
If Additional Bo	eneficiaries are desired, pl	ease attach an additioi	nal sheet.						
■ I hereby attest that the original co	ontract is lost. YES or	NO, if yes, I further atte	est that the above	-mentioned					
contract has not been assigned to		, , ,							
By signing below, I hereby represen	t that the statements and a	answers included herei	n are full, complet	e. and true.					
to the best of my knowledge and be			-						
above. Furthermore, I understand t	hat the SNF Life does not o	ffer financial, tax, and/	or legal advice and	l realize					
there may be tax implications as a r	esult of this beneficiary red	quest.							
Beneficiary's Signature		Date	<u> </u>						
Title (if applicable)	F	Relationship to Decease	ed						