

SERB NATIONAL FEDERATION

ANNUITY Death Benefit Claim Form

Annuity Contract # _____, Non-Qualified, Qualified

Deceased Information:

First Name	MI	Last Name	Gender	Date of Birth
Street Address	City	State	Zip Code	Date of Death
Social Security Number				

Citizen of the U. S. A.: YES, NO; Country of Citizenship: _____

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 Decedent, I am filing this claim as:

- Individual who is a named beneficiary on the Contract, Relationship _____ Male, Female
- Trustee of a Trust, which is a named beneficiary under the contract
- Executor of an Estate, which is named beneficiary under the contract
- Other _____

Citizen of the U. S. A. YES, NO; Country of Citizenship _____

Payment Options – Please select one of the listed options below. Please note: If the owner of the Contract has previously designated a payment option, the Serb National Federation (SNF Life) 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 contract, I understand that:

1. The surviving spouse/sole beneficiary will assume all rights, privileges, and obligations on the existing contract owner, AND
2. The contract will remain in force with the original effective date with no change of contract 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 answer)

- 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 contracts 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 contract.
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.

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 Life 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 Life 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 to: Address of beneficiary, 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 Life contract or a transfer to another company.

- Additional forms are required for a 1035 Exchange to another SNF Life contract.
 - 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 Contract # _____: (Make check Payable to:)

Company/Trust Name

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

Election of Beneficiary:

<input type="checkbox"/> Beneficiary, <input type="checkbox"/> Contingent			
Name (first, Middle, Last)		Social Security Number	
Date of Birth	Address, City, State, Zip	Relationship	Share
<input type="checkbox"/> Beneficiary, <input type="checkbox"/> Contingent			
Name (first, Middle, Last)		Social Security Number	
Date of Birth	Address, City, State, Zip	Relationship	Share
<input type="checkbox"/> Beneficiary, <input type="checkbox"/> Contingent			
Name (first, Middle, Last)		Social Security Number	
Date of Birth	Address, City, State, Zip	Relationship	Share
<input type="checkbox"/> Beneficiary, <input type="checkbox"/> Contingent			
Name (first, Middle, Last)		Social Security Number	
Date of Birth	Address, City, State, Zip	Relationship	Share

If Additional Beneficiaries are desired, please attach an additional sheet.

■ I hereby attest that the original contract is lost. YES or NO, if yes, I further attest that the above-mentioned contract 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 Life 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** _____ - _____ -