

# American General

Life Companies

## Annuity Claimant Statement (Instructions on Page 3)

### American General Life Insurance Company

Administrative Center • P.O. Box 871 • Amarillo, TX 79105

Home Office • 2727-A Allen Parkway • Houston, TX 77019

POLICY NUMBER: \_\_\_\_\_ GROUP CERTIFICATE NUMBER (if applicable): \_\_\_\_\_

**1. FULL NAME OF DECEASED ANNUITANT (Participant):** \_\_\_\_\_

**2. FULL NAME OF DECEASED OWNER (if other than above):** \_\_\_\_\_

**3. IN WHAT CAPACITY OR BY WHAT TITLE DO YOU CLAIM THE PROCEEDS?** \_\_\_\_\_

a. Full Name of Beneficiary Claimant: \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_ c. Share of benefit claimed (percent or fraction amount): \_\_\_\_\_

d. Social Security or Tax ID Number: \_\_\_\_\_ **(Complete Section 7 on Page 2)**

e. Address: \_\_\_\_\_ ( ) \_\_\_\_\_

Street or Box Number

Home Telephone Number

\_\_\_\_\_ ( ) \_\_\_\_\_

City State Zip Code

Work Telephone Number

f. If death was accidental, give date of accident \_\_\_\_\_ and describe how and where accident occurred.

#### 4. MANNER OF PAYMENT, OR OTHER OPTION, DESIRED:

\_\_\_\_\_ Lump sum payment.

\_\_\_\_\_ Leave proceeds as "open claim" until further notice. (Please complete and return this form.)

\_\_\_\_\_ Spousal continuation

\_\_\_\_\_ Annuitization – Please send annuitization quotes to me.

#### 5. POLICY:

\_\_\_\_\_ The annuity contract identified on this form is enclosed.

\_\_\_\_\_ I hereby certify that the annuity contract identified on this form has been lost or destroyed and that said contract is not assigned, hypothecated or pledged in any way whatsoever. I therefore warrant and agree that should the original be found or in any way come into my possession, I will return or cause the same to be returned to American General Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy or certificate shall become null and void.

I, the undersigned, hereby make claim to the Death Benefit payable under provisions of the subject contract and agree that all papers called for by the Company shall be a part of this statement. I have read and I understand the important disclosure information located on page 3 of this form. **Death Certificate and Policy must be returned with this statement if not in the possession of the Company.**

#### FORM MUST BE NOTARIZED

\_\_\_\_\_ Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (Year)

\_\_\_\_\_ known to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Please complete and sign Pages 1 and 2 of this form. Failure to do so will delay your request.**

**6. WITHHOLDING ELECTION:**

**Please read the Notice of Federal Withholding Election on the bottom of this page prior to completing this section.**

I have or will obtain legal and tax advice regarding receipt of the Death Benefit and hereby accept full and sole responsibility for payment of federal and state taxes which may be associated with this claim. Unless you check Option "A" below, "I DO NOT want to have Federal income tax withheld," we are required to withhold at least 10% of the taxable amount.

- \_\_\_\_\_ A. I DO NOT want to have Federal income tax withheld.
- \_\_\_\_\_ B. I DO want to have \_\_\_\_\_ % Federal income tax withheld (10% minimum).\*

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of the distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

\*Note: If you elect federal withholding, state income tax withholding is mandatory in the following states: CA, GA, IA, ME, MA, NC, OK, OR, VT, and VA. Unless these states' laws require otherwise, or you request a different withholding amount by providing American General Life Insurance Company the applicable state form, we will withhold state income tax based on federal guidelines. In all other states with a state income tax, state income tax withholding is voluntary. However, you may be liable for payment of state income tax on the taxable portion of your distribution. State withholding forms are available through us by calling 1-800-901-7269, or by contacting your local state tax office.

**7. TAXPAYER IDENTIFICATION NUMBER:**

**This section must be completed and signed by the Beneficiary identified on Page 1 of this form. Failure to do so may delay your request.**

Please enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS Publication 505.

Social Security Number

			-							
--	--	--	---	--	--	--	--	--	--	--

OR

Employer Identification Number

			-												
--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF FEDERAL WITHHOLDING ELECTION**

The distributions you receive from American General Life Insurance Company are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your nondeductible contributions to the contract.

You may elect not to have withholding apply to your distribution by marking Option A under the Withholding Election section on Page 2 of this form. If you do not mark Option A, Federal income tax will be withheld from the taxable portion of your distribution.

If you elect not to have withholding apply to your distribution or if you do not have enough Federal income tax withheld from your distribution, 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.

**Please complete and sign Pages 1 and 2 of this form. Failure to do so will delay your request.**

## FRAUD WARNING DISCLOSURE

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**Arizona, Kentucky, Pennsylvania, New Jersey and New Mexico Residents Only:** 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.

**Arkansas and Louisiana Residents Only:** 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.

**California Residents Only:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents Only:** 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.

**Florida Residents Only:** 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.

**Maine, Tennessee, Virginia and Washington DC Residents Only:** WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

### INSTRUCTIONS: ANNUITY CLAIMANT STATEMENT

1. Information outlined on Pages 1 and 2 must be submitted by the person claiming entitlement to the contract proceeds payable as a result of the death of the Annuitant or Owner. If the annuity is a non-tax qualified contract issued after January 18, 1985 and if death occurs before the Annuity Date, death of an Owner or Co-Owner requires a death claim action.
2. Certain restrictions apply to annuity contracts issued after January 18, 1985 and to tax qualified contracts in general. Refer to th policy for specific details.
3. Part or all of the proceeds paid from an annuity are taxable as ordinary income. You should consult with a competent tax advisor before submitting the claim for payment. Furthermore, there are certain time limits regarding a death claim settlement.
4. When proceeds are payable to a named beneficiary of legal age, the statement must be made by such beneficiary.
5. When proceeds are payable to the estate of the deceased, the statement must be made by an executor or administrator, a certificate of whose appointment must be furnished.
6. When proceeds are payable to a minor, the statement must be made by a legal guardian appointed by the court, and an official certificate of appointment must be furnished.
7. When a contract has been assigned, the statement must be made by the Assignee.
8. When proceeds are payable to a named beneficiary who is deceased, a copy of the death certificate must be furnished.
9. When proceeds are payable to "children" or others of a class, a sworn statement must be furnished giving the name and date of birth of each. If any have died, the statement must give the date and place of death, and must state whether they died unmarried, intestate, and / or without issue. A copy of each death certificate must be furnished.

**(This space for Service Office use only)**

Claim Checklist, check (✓) if yes

- \_\_\_\_\_ This statement complete and notarized?
- \_\_\_\_\_ Taxpayer Identification Number section completed?
- \_\_\_\_\_ Certified copy of Death Certificate provided?
- \_\_\_\_\_ Policy / Certificate or Lost Policy Certificate provided?
- \_\_\_\_\_ Legal documents necessary for payment provided?