



KJZT Family Life
P.O. Box 18896 Austin, TX 78760
(512) 444-9586 1-888-253-2338

ANNUITY DEATH CLAIM

INFORMATION ABOUT THE ANNUITANT

| | | |
|-------------------------------|--|-------------------------------|
| NAME OF DECEASED | | CERTIFICATE NUMBER(S) |
| | | |
| DECEASED DATE OF BIRTH | DECEASED SOCIAL SECURITY NUMBER | DATE OF DEATH |
| | | |
| NAME OF ANNUITY OWNER | | SOCIAL SECURITY NUMBER |
| | | |

PLEASE NOTE:

- (1) In addition to the above required information, a Certified Certificate of Death **MUST** be submitted.
- (2) The insurance Certificate must accompany this claim. If not available, please explain.
- (3) The bottom portion of this form must be completed.
- (4) If the Beneficiary is to the ESTATE, please submit Letters Testamentary.
- (5) If the Beneficiary is a TRUST, please submit a Certification of Trust.

INFORMATION ABOUT THE BENEFICIARY

| | | | |
|-----------------------------|----------------------|-------------------------------|---------------------|
| BENEFICIARY NAME | DOB | SOCIAL SECURITY NUMBER | RELATIONSHIP |
| | | | |
| ADDRESS | | CITY, STATE, ZIP | |
| | | | |
| DAYTIME PHONE NUMBER | EMAIL ADDRESS | | |
| | | | |

Please select an option from below. You may want to consult a tax advisor before making an election.

- FULL CLAIM PAYMENT:** We will pay you the annuity death claim payment in a single sum, and report the taxable portion of the claim payment as taxable income (on form 1099R).
- I elect not to have federal income tax withheld from the taxable portion of my claim check.
 - I elect to have federal income tax withheld from the taxable portion of my claim check.
Insert rate if greater than 10% _____
- Payment Instructions:**
- Check Payable to Beneficiary Deposit into Checking Account (Complete Direct Deposit Form)
- ELECTION TO RECEIVE THE DEATH CLAIM WITHIN FIVE YEARS OF THE DATE OF DEATH:** If you choose this option, you must receive the entire claim payment by the end of the 5th year of the decedent's date of death.
- ANNUITY INCOME PAYMENTS:** Election to receive the Claim Payment as Income Payments. Must be elected within 60 days of the death of the Annuitant. Income payments must begin no later than the first anniversary of the date of death and must be distributed over your lifetime, or a fixed number of years, not in excess of your life expectancy. If you select this option, we will send you quotations of the annuity income payable, and the taxable portion of each.
- ANNUITY CONTRACT CONTINUED:** If you are the Sole Beneficiary AND the Spouse of the Deceased Owner, you may continue the Annuity Contract As Owner.

THE UNDERSIGNED DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

WARNING: 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 may be guilty of a criminal offense and subject to penalties under state law.

Beneficiary Signature

Date



Life Insurance/Annuity/IRA Death Claim Direct Deposit Request Form

Certificate Number: _____

Deceased Member's Name: _____

Beneficiary Information:

Name: _____

Address: _____

Phone Number: _____

Bank Information:

Direct Deposit to my Bank (Direct Deposit information must be completed and **include voided check OR a statement on your bank's letterhead with name and account information** with this form).

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Address: (Street, City, State, Zip Code) _____

Signature of Beneficiary

Date