



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

CLAIMANT'S STATEMENT ANNUITY CONTRACT

♦ INFORMATION AND INSTRUCTIONS

The Savings Bank Life Insurance Company wishes to pay every valid claim as promptly as possible, and will gladly help you in any way without charge. All proceeds are payable in a lump sum. If you would prefer another payout option, we would be happy to advise you of other payment options that are available.

In order to process this claim, The Savings Bank Life Insurance (SBLI) Company requires the following documentation be returned to the SBLI Company or your local Servicing Agency/Bank.

- 1. This Claimant's Statement, completed in its entirety, by each entitled beneficiary to whom the benefits are payable.**

Special Note: In the event the proceeds are payable to the Estate of the Deceased or a Beneficiary who is a minor refer to the Claimant Information Section of this form for additional documentation required.

- 2. A Certified Copy of the Death Certificate, which may be obtained from the Department of Health or Registrar of Vital Statistics.**

- 3. The Original Contract. If the contract cannot be located, a Request for Certificate of Insurance/Duplicate Contract form (POS0101) must be completed, signed and notarized.**

♦ GENERAL INFORMATION

Name of Deceased (in full): _____ Date of Death: _____
 SBLI Annuity Contract Number(s): _____ As: Annuitant Owner

♦ CLAIMANT INFORMATION

Claimant Name: _____
 Full Address: _____
 Daytime Phone: _____ Date of Birth: _____
 Social Security or Estate ID* #: _____

* If Estate is named as Beneficiary, please indicate Estate Tax ID #

Do you claim these proceeds as:

- Beneficiary:** Please include a copy of a driver's license or Photo I.D.
Special Note: In the event the beneficiary is a minor, please contact us directly as a Guardianship Appointment may be required by State Law.
- Executor:** A Certified Copy of the Certificate of Appointment and Photo I.D.
- Administrator:** A Certified Copy of the Certificate of Appointment and Photo I.D.
- Assignee:** A Certified Copy of the Assignment and Photo I.D.

♦ **METHOD OF SETTLEMENT**

Lump sum payment

I elect to annuitize the above contract(s). (Complete Periodic Distribution Request Form)

As the spouse and sole beneficiary of the deceased, I elect to continue the Annuity contract. (Complete Annuity Change Request Form)

I elect to continue to receive the Annuity payments previously elected. (Complete Periodic Distribution Request Form)

♦ **WITHHOLDING ELECTION (SUSTITUTE FORM W-4P) FOR LUMP SUM**

Federal Withholding Election (Choose One)

I elect not to have Federal Income Tax withheld.

I elect to have Federal withholding apply to this non-periodic distribution at the rate of _____% (not less than 10%) or \$_____ from the taxable amount withdrawn.

State Withholding Election (Choose One)

If you reside in DE, IA, KS, MA, ME, NE, OK, VA or VT - State Income Tax Withholding is required, you may not opt out.

If you reside in CA, NC, OR - You must make an election or elect out of State Income Tax Withholding.

If you reside in CT, IN, MD, MO, MT, NJ, NM, UT, WI - you may voluntarily elect State Income Tax Withholding.

Note: We do not withhold in states where state income tax is not required. If you elect State withholding, but fail to provide a dollar amount or percentage, we will withhold at the state default amount. If your state does not have a default amount, we will withhold at a rate of 5%.

Resident State _____

I elect not to have State Income Tax withheld.

I elect to have State withholding apply to this non-periodic distribution at the rate of _____% or \$_____ from the taxable amount withdrawn.

♦ **DISCLOSURES AND SIGNATURES**

For purpose of this disbursement request, the value of the contract will be determined on the day it is received at SBLI. If all required information is not provided, this disbursement request will be returned to you for completion.

Any person who knowingly and with intent to defraud any insurer or other person files a 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.

The undersigned warrants that no insolvency of bankruptcy proceedings are pending against this contract of against any interest of the undersigned therein. It is further acknowledged that the furnishings of this form by SBLI does not constitute an admission that there is any contract in force.

I certify that I am the proper party to receive payment(s) from this Annuity and that all information provided by me is true and accurate. SBLI is required to report all disbursements to the Internal Revenue Service. I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the Issuer.

All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Issuer shall in no way be held responsible.

Signature of Beneficiary or Other Authorized Individual **Date**

NAME OF AGENCY/BANK	INTERNAL USE ONLY		PRODUCER #		BRANCH #	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>