

Union Fidelity Life Insurance Company  
P.O. Box 1572  
Lynchburg, VA 24505-1572

**For OVERNIGHT purposes ONLY:**  
Attn: Life & Annuity Claims Department  
3100 Albert Lankford Drive  
Lynchburg, VA 24501  
Tel: 888 345.4242  
Fax: 434 948.5783  
lynlifeclaims@genworth.com

# Proof of Loss Claimant Statement - Life Insurance

from Union Fidelity Life Insurance Company

Page 1 of 7

- Complete this form to request life insurance benefit payment
- Submit the following documents so we can process your claim
  - A separate claimant statement for each beneficiary
  - An original, raised seal certified death certificate indicating the insured's cause of death
- Other documents may be required depending on the specific circumstances of your claim
- **If you would like a lump sum, complete pages 1, 2 and 3. For other options, complete pages 1, 4 and 5.**



## Policy number/Decedent information *The person who has died*

Policy number(s) to which you are making a claim

.

Name *First, Middle, Last*

.

Maiden name *If applicable*

Other names by which the deceased was known

.

Address *Residence at time of death*

.

City

State

Zip

.

Date of birth

Date of death

.

Manner of death *Select one*

Natural

Accidental

Suicide

Homicide

## Beneficiary/claimant information

If claimant is not an individual, refer to Special beneficiary/claimant information and signing in capacity instructions on page 6.

If claimant is a trust, complete this section **AND** complete the Trustee information section below.

The claimant is referred to as "you" and "your" in this Proof of loss claimant statement.

Federal income tax withholding is based on IRS Form W-4P if an annuity income option is selected on page 4.

Full beneficiary name or Trust name

.

Social Security/Tax ID number

.

Email address

Phone number

.

Address

City

.

State/State in which trust was established

Zip

.

Date of birth/Date of trust agreement

Age

Relationship to deceased

.

Citizenship *Select one and provide country if "Other"*

Amendment dates if any

.

US

Other

List **all** current trustees if claimant is a trust.

Attach a separate sheet if more space is required for additional trustee names.

Current trustee name(s) *Do not list any former trustees*

.

.

**Indicate capacity of each trustee:** Sole Current Trustee or Co-Trustee as appropriate. **Each current trustee must sign on page 3** unless the trust document confers on one trustee the authority to act alone; if so, the trust document is required to verify authority.

## Payment mailing address

Provide the address to which payment(s) should be sent if different from the claimant address provided above.

Address

.

City

State

Zip

.

**Form must be signed on page 3.**

**Life distribution settlement options** *Choose and complete one of the settlement options below*

---

**1. Lump sum option**

The death benefit portion of this option is not taxable. Any interest paid is taxable.

Before selecting a settlement option, however, we strongly recommend that you consult a tax advisor to discuss potential tax consequences, and a financial advisor to discuss your options.

**Check here to request settlement of the entire amount available in a check format**

Check here to have your check sent via Federal Express®. A \$7.00 dollar fee will be withheld from your death benefit. A physical address is required. Federal Express® cannot deliver to a Post Office Box.



**VA Residents** We mail claim checks to attorneys who have represented you during the claims process, and to other representatives at your request. Upon payment of at least \$5,000 in a single check that is mailed to an attorney *licensed in the Commonwealth of Virginia*, or other representative, we are required to send you a notice of such payment, unless you waive this right. A copy of the required notice will be sent simultaneously to your attorney or representative.

Please choose one of the following:

I waive my right to receive notice as outlined above. I will follow up with my attorney or representative for my payment on my own.

Please send me notice of payment. This notice will only be sent in the circumstances outlined above.

---

**2. Interest settlement option - Secure Access Account**

The Secure Access Account (SAA) program is **not** available to residents of Vermont. It is **only** available to individual persons who are beneficiaries. The SAA program is **not** available to an estate or trust beneficiary. If your actual lump sum distribution equals or exceeds \$10,000, we will credit your distribution to a SAA if you choose this option. Please note, if you choose this option and your distribution does not equal or exceed \$10,000, your settlement will be forwarded to you in a check format.

Check here to request settlement of the entire amount available in a SAA format.

The remainder of this page is left intentionally blank.

Substitute Form W-9 (an official Form W-9 with instructions is available upon request)

If you are not a U.S. citizen or other U.S. person, do not complete this section. You must provide an IRS Form W-8BEN (individual), W-8BEN-E (non-individual), or another applicable IRS form to document your foreign status.

You must cross out item 2, if you have been notified by the IRS that you are currently subject to backup withholding because of a failure to report all interest and dividends on your tax return.

The Foreign Account Tax Compliance Act (FATCA) is a Federal tax regulation that extends existing reporting requirements to require Foreign Financial Institutions to comply with IRS request of withholding and reporting on US and unidentified account holders.

IRS regulations require certification of FATCA exemption. FATCA codes apply to certain entities, not individuals.

Declaration and signature(s)

Union Fidelity Life Insurance Company listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The claimant is referred to as "you" and "your" in this section.

Check appropriate box for federal tax classification:

- Individual/sole proprietor, Partnership, Limited liability company, C Corporation, Trust/estate, S Corporation

Enter the tax classification (C=C Corporation, S= S Corporation, P=Partnership) Other (see instructions)

Social Security number or Employer identification number

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
Declare that all answers recorded in this proof of loss claimant's statement are true and complete
Declare the original and any duplicates or certificates of each policy listed in the Policy information section on page 1 to be lost or otherwise unavailable unless sent to us with this proof of loss claimant's statement
Agree that our furnishing of this proof of loss statement and any supplemental forms is not an admission that insurance was in force on the Deceased's life nor a waiver of our rights or defenses

Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
Declare that you are a current Trustee of the named trust and have not resigned or been replaced
Declare that you are acting within the scope of the authority conferred on you by the named trust
Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Please see the "State fraud notices" section on page 7 for additional information.

If you are signing as a fiduciary or representative, you must sign in capacity with title in which you are claiming.

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of New York laws require that we provide you with the following statement:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



X Beneficiary/claimant signature Date
Individual/self, Sole trustee, Co-trustee, Executor/executrix, Personal representative, Administrator, Custodian, Other



X Beneficiary/claimant signature Date
Individual/self, Sole trustee, Co-trustee, Executor/executrix, Personal representative, Administrator, Custodian, Other

See Special beneficiary/claimant information and signing in capacity instructions on page 6 for details.

Form must be signed on page 3.

**Other settlement options**

**3. Annuity income option**

Select appropriate payment option, annuity payment details and broker selection.

**Payments must start within one year of deceased's death.**

\* Complete the Beneficiary information below.

These options provide a series of fixed payments. Once payments begin, they cannot be changed.

**Availability based on contract.**

**Payment options** *Select one*

**3a.** Payments for ..... years\* *Indicate number of years, minimum five years / maximum 30 years*

**3b.** Payments for as long as you live, guaranteed for ..... years\* *Indicate number of years, minimum five years / maximum 30 years*

**3c.** Payments for as long as you live *Payments stop at time of your death*

**3d.** Fixed payments

**3e.** Joint Life and Survivor Income

**Payment option details**

**3a:** You will receive payments for the number of years you select. Payments are guaranteed even if you die before the designated period ends. At your death, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary designation section below.

**3b:** You will receive payments for as long as you live with payments guaranteed for the number of years you select, not to exceed your life expectancy. If you die before the Guarantee Period ends, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary designation section below and attach a copy of your birth certificate or valid driver's license to the claim form.

**3c:** You will receive payments for as long as you live. Payments will end at your death with no provision for beneficiaries. Attach a copy of your birth certificate or valid driver's license to the claim form.

**3d:** You will receive equal periodic payments of a definite amount. Payments will continue until the proceeds are exhausted. If the payee dies, the amount of remaining proceeds with earned interest will be paid in one sum to his or her estate unless otherwise provided.

**3e:** You will receive equal monthly payments to two payees for a guaranteed minimum of 10 years. Payments will continue as long as either payee is living. Each payee must be at least 35 years old when payments begin. If both payees die before the end of the minimum period, the remaining payments for the 10 year period may be discounted. The discounted amount will be paid in one sum to the survivor's estate unless otherwise provided.

For **Payment frequency**,

- Monthly = 12 per year
- Quarterly = 4 per year
- Semiannually = 2 per year
- Annually = 1 per year

Payments can begin as early as 30 days after the claim is deemed payable.

**Annuity payment details** *Payment to the claimant*

Payment frequency *Select one*  Monthly  Quarterly  Semiannually  Annually

Payment method *Select one*  Check  Electronic funds transfer (EFT)

EFT payment requests require completion of an EFT form. Please contact our office for this form.

**Broker selection** *Select one of the following to service your settlement option*

- Current broker for this contract *Provide name* .....
- Another broker *Provide name* .....
- You do not want a broker to be allowed to service this option

**Beneficiary designation**

**Complete this section ONLY if you selected Payment options 3a, 3b, 3d or 3e above.**

Designation percentages must total 100% for each beneficiary type. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

Attach a separate **signed and dated** sheet that includes all required information if more space is needed for additional beneficiaries.

Name or designation	Beneficiary type		Percentage
.....	<input type="radio"/> Primary		..... %
Social Security/Tax ID number	Date of birth	Relationship to claimant	
.....	.....	.....	
Address	Phone number		
.....	.....		
City	State	Zip	
.....	.....	.....	
Name or designation	Beneficiary type		Percentage
.....	<input type="radio"/> Primary <input type="radio"/> Contingent		..... %
Social Security/Tax ID number	Date of birth	Relationship to claimant	
.....	.....	.....	
Address	Phone number		
.....	.....		
City	State	Zip	
.....	.....	.....	

**Form must be signed on page 5.**

Substitute Form W-9 (an official Form W-9 with instructions is available upon request)

If you are not a U.S. citizen or other U.S. person, do not complete this section. You must provide an IRS Form W-8BEN (individual), W-8BEN-E (non-individual), or another applicable IRS form to document your foreign status.

You must cross out item 2, if you have been notified by the IRS that you are currently subject to backup withholding because of a failure to report all interest and dividends on your tax return.

The Foreign Account Tax Compliance Act (FATCA) is a Federal tax regulation that extends existing reporting requirements to require Foreign Financial Institutions to comply with IRS request of withholding and reporting on US and unidentified account holders.

IRS regulations require certification of FATCA exemption. FATCA codes apply to certain entities, not individuals.

Declaration and signature(s)

Union Fidelity Life Insurance Company listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The claimant is referred to as "you" and "your" in this section.

Check appropriate box for federal tax classification:

- Individual/sole proprietor, Partnership, Limited liability company, C Corporation, Trust/estate, S Corporation

Enter the tax classification (C=C Corporation, S= S Corporation, P=Partnership)

Other (see instructions)

Social Security number or Employer identification number

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
Declare that all answers recorded in this proof of loss claimant's statement are true and complete
Declare the original and any duplicates or certificates of each policy listed in the Policy information section on page 1 to be lost or otherwise unavailable unless sent to us with this proof of loss claimant's statement
Agree that our furnishing of this proof of loss statement and any supplemental forms is not an admission that insurance was in force on the Deceased's life nor a waiver of our rights or defenses

Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
Declare that you are a current Trustee of the named trust and have not resigned or been replaced
Declare that you are acting within the scope of the authority conferred on you by the named trust
Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Please see the "State fraud notices" section on page 7 for additional information.

If you are signing as a fiduciary or representative, you must sign in capacity with title in which you are claiming.

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of New York laws require that we provide you with the following statement:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



X Beneficiary/claimant signature Date
Individual/self Sole trustee Co-trustee Executor/executrix
Personal representative Administrator
Custodian Other



X Beneficiary/claimant signature Date
Individual/self Sole trustee Co-trustee Executor/executrix
Personal representative Administrator
Custodian Other

See Special beneficiary/claimant information and signing in capacity instructions on page 6 for details.

Form must be signed on page 5.



**Special beneficiary/claimant information and signing in capacity instructions**

The following Special claimant information provides details regarding form completion requirements for certain claimant types, and specific circumstances that require additional documentation. The Signing in capacity sections provide instructions regarding which "capacity" or "title" should be included with the claimant's signature on pages 3 and 5.

**Individual Claimant**

Complete the Beneficiary/ claimant information section. If you are not a US Citizen, you will be required to complete an IRS W-8 BEN.

When signing, indicate capacity as Individual. Do not use any other "title" unless claiming in that capacity. If acting as Power of Attorney for another individual, the capacity should read [Your Name] as POA for [Name].

**Trust**

- **Claimant information:** Complete this section with the Trust's information, providing the trust's name and date of trust in the "Name" field (e.g., Jane Marie Doe Trust, trust date)
- Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign trust.**
- **Signing in capacity:** The trustee(s) must sign and check either the "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone
- If the trust is a Grantor's Trust, a Grantor Trust Certification should be completed and returned with this claim form.

**Estate of insured**

- **Claimant information:** Complete this section with the estate's information, providing the estate name in the "Name" field (e.g., Estate of Jane Marie Doe)
- Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign estate.**
- **Signing in capacity:** Sign and check either the "Personal representative," "Administrator" or "Executor/executrix" selection as appropriate
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative
- **Important Note – Small Estates:** The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on "small estates"

**Corporation**

- **Claimant information:** Complete this section with the corporation's information, providing the corporation name in the "Name" field (e.g., ABC Corporation)
- **Signing in capacity:** Sign and check the "Other" selection, and write in the title by which you are authorized to act on behalf of the company (e.g., Name: Jane Marie Doe, Capacity: ABC Corporation President)
- **Submit IRS Form W-9 for a domestic corporation. The applicable IRS W-8 series form is required for a foreign corporation.**

**Business Partnership**

- **Claimant information:** Complete this section with the partnership's information, providing the partnership name in the "Name" field (e.g., ABC Partnership)
- **Signing in capacity:** All partners must sign, or the general or managing partner must sign, and check the "Other" selection and write in their capacity as Managing Partner or Partner as appropriate
- **Submit IRS Form W-9 for a domestic business partnership. The applicable IRS W-8 series form is required for a foreign business partnership.**

**Minor/child**

**Reminder:** the custodian of the minor's "person" is not necessarily the custodian of the minor's estate/property.

- **Claimant information:** Complete this section with the minor's information, providing the minor's name in the "Name" field (e.g., Jane Marie Doe, minor)
- Submit a copy of the court document appointing the custodian/guardian of the minor child's property/estate (not required if claiming under the Uniform Transfers/Gifts to Minors Act (UTMA))
- If claiming under the UTMA, sign and check the Custodian selection, indicate relationship (father, mother, etc.) as "Custodian of (name of child) under the (name of resident state) Uniform Gifts/Transfers to Minors Act." If you were not named as Custodian under UTMA in the policy's beneficiary designation but are the child's legal custodian or guardian, you may sign and check the Custodian selection, and indicate relationship (mother, father, etc.) as "Custodian of the estate/property of (name of child), minor." Please be aware that if you were not named Custodian under the UTMA and have not been court appointed as custodian/guardian of the minor's property, there may be additional claim requirements.

## Proof of Loss Claimant Statement for Life Insurance

Page 7 of 7

**State fraud notices** *For your protection, some states' laws require that we provide you with the following statements*

**Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Rhode Island, West Virginia and Louisiana** 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 and Texas** 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** 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.

**Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia** 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.

**Florida** 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.

**Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky** Any person who knowingly and with intent to defraud any insurance company 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.

**Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

**New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** 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 civil fines and criminal penalties.

**New York** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio and Oregon** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Oklahoma** 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.

**Pennsylvania** 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.

**Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee, Virginia and Washington** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.