

Beneficiary Statement



Securian Life Insurance Company

Benefit Services • P.O. Box 64114, St. Paul, MN 55164-0114
1-888-658-0193 • Fax 1-877-494-8401

CLAIM NUMBER

This form must be completed in order to claim benefits for a life insurance policy. Please fully complete this form, including your Social Security number or Tax Identification number and signature as required by the IRS. If you are assisting the beneficiary with the completion of this form, please attach documentation that supports your ability to act on behalf of the beneficiary (e.g., power of attorney documents, court issued guardianship, etc.).

Decedent's Information

Name of deceased (first, middle, last)

Other names by which the deceased has been known, if any

Date of birth (mo/day/yr)

Date of death (mo/day/yr)

Date last worked (mo/day/yr) if unknown or retired mark n/a

Beneficiary Information - review certification and complete all fields, including your signature

CERTIFICATION INSTRUCTIONS: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security number or Taxpayer Identification number, and
- (2) I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Notice:

The IRS requires us to obtain certification of your Social Security number or Taxpayer Identification number. Without this information, you may be subject to government imposed backup withholding for any interest paid on this benefit.

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

Enter your Taxpayer Identification number in the appropriate box. For individuals and sole proprietors, this is your Social Security number. For other entities including estates and trusts, it is your Tax Identification number.

Beneficiary Social Security number

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OR

Tax Identification number

			+						
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Name of beneficiary (first, middle, last)

Beneficiary's date of birth (mo/day/yr)

Mailing address (street)

Beneficiary's telephone number

City, state, zip

Relationship to deceased

Email address (optional)

****See Reverse Side****

Securian Financial is the marketing name for Securian Life Insurance Company. Insurance products are issued by Securian Life Insurance Company, a New York authorized insurer.

How would you like to receive the proceeds payable to you?

- ☐ Check - I'd like a paper check sent via U.S. mail.
- ☐ Direct Deposit - if you select this option, you must complete the following section:

Authorization for Direct Deposit

By electing this option and providing the account information below, I authorize Securian Life Insurance Company ("Company") to initiate deposits (credit entries) and corrections (debit entries) to adjust any deposits made in error to my account indicated below. I authorize the financial institution ("Depository"), named on the attached voided check/deposit slip, to accept these deposits and/or corrections made to this account.

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it or until such time as Company terminates this method of payment.

Benefits will not be deposited directly but will be sent to you via a check in any of the following situations: a) Authorization for Direct Deposit not completed; b) a voided check or deposit slip is not provided; c) we are unable to process the direct deposit.

Account type	Bank routing/transit number	Account number
<input type="checkbox"/> Savings (attach deposit slip)		
<input type="checkbox"/> Checking (attach voided check)		

By signing below, I attest that the information provided is true and accurate to the best of my knowledge and belief, and I request that the Company proceed with payment of the claim pursuant to the information above.

Please review the below New York fraud statement and the attached page for a list of other state-specific fraud statements.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

SIGN HERE >	Signature of beneficiary	Date signed (mo/day/yr)
	X	

FRAUD STATEMENTS

For your protection, state laws require the following to appear on this form. Prior to signing this claim form, please review the fraud statement for your state of residence and the state where the insurance policy was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: 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.

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: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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, Idaho, Indiana and 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.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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, Tennessee 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 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.

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 RSA 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.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filling of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the 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 have violated the state law.

Pennsylvania and all other states: 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.