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**CLAIMANT STATEMENT
 FOR
 ANNUITY PROCEEDS**

Furnishing or retaining this completed form by Harleysville Life Insurance Company shall not operate as a waiver of any rights or defenses which Harleysville Life may have under any policy.

BENEFICIARY CLAIM STATEMENT

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BENEFICIARY	DECEASED
POLICY NO(S).	

Please attach a certified copy of the death certificate

ANNUITANT INFORMATION (please print)

DATE OF DEATH	CAUSE OF DEATH	DATE OF BIRTH
PLACE OF DEATH (CITY & STATE)		
LEGAL RESIDENCE (STREET ADDRESS, CITY, STATE & ZIP)		

CLAIMANT IDENTIFICATION Each claimant must submit a separate claimant's statement

FULL NAME		DAYTIME PHONE NO.	
STREET ADDRESS	CITY	STATE/ZIP	
RELATION TO DECEASED		BIRTHDATE	
TAXPAYER ID NO. (SOCIAL SECURITY NO.)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a citizen of the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No If NO*, list country here _____ *and attach a copy of the front and back of your Permanent Resident Alien Card or Visa			

ELECTION OPTIONS

- Lump sum payment (select withholding on Page 2)
- Continuation of immediate annuity monthly payments (select withholding on Page 2)
- Life Expectancy Distribution (separate election form is required)
- Deferral of proceeds for up to 5 years from date of death. Surrender charges are waived. (Not available on qualified Contracts when Deceased Owner was over 70 ½.) Available on Roth IRA's at any age.
- Spousal continuation (Do not return contract and spouse must be the sole designated beneficiary on the contract.)

If spousal or immediate annuity continuation, you are the new owner and should record your beneficiary information below:

Primary _____ SS# _____
 Name/relationship of beneficiary

Contingent _____ SS# _____
 Name/relationship of beneficiary

If more than two beneficiaries, please use separate sheet of paper and attach to this form.

Please sign and date on Page 3 – Incomplete without all pages.

FRAUD NOTIFICATION: If the contract was issued in one of the following states, we are required to provide you with the following fraud warnings:

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

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.

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.

Indiana: Any 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.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 N.H. Rev. Stat. Ann. Section 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.

Ohio: 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 is guilty of insurance fraud.

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.

Tennessee and Virginia: 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.

All other states: 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.

Please sign and date on Page 3 – incomplete without all pages – Page 2 of 3

FEDERAL WITHHOLDING ELECTION FOR NON-PERIODIC DISTRIBUTIONS

No withholding: I do NOT want federal income tax withheld (federal income tax will be withheld unless this box is checked).

Withholding: I DO want federal income tax withheld at ____%. (Minimum withholding is 10% of the taxable amount of the distribution. You may choose another percentage greater than 10%, but you may not select a dollar amount.)

A non-periodic distribution is any distribution made from an annuity contract that is not annuitized (including partial withdrawals and lump sum distributions). Distributions taken prior to annuitization are considered to come from the earnings in the contract first. You may elect not to have federal income tax withheld from your distribution by contacting us. A withholding election will remain in effect until revoked, which you may do at any time. If you do not make payments of estimated tax, and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If the withholding section is left blank, or if the social security number or tax identification number is not provided, 10% of the taxable portion of the distribution will be withheld for partial withdrawals and lump sum distributions. Even if you elect not to have withholding apply, you are liable for the payment of federal income tax on the taxable portion of the distribution.

CLAIMANT SIGNATURE

By making claim to these annuity proceeds, I declare that all the answers as recorded on the Application for Annuity Proceeds are true and complete to the best of my knowledge and belief. I have read the applicable fraud warning statement. The Company reserves the right to require, or obtain, further information should it be deemed necessary.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number of be issued), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the 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
- I am a US person (including US resident alien).

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Claimant Signature

Position represented (Beneficiary, Executor, Trustee, etc.)

Date