

Life and Annuity Division

Protective Life Insurance Company¹

West Coast Life Insurance Company¹

IMMEDIATE

Annuity Claimant's Statement

Protective Life and Annuity Insurance Company

Post Office Box 1928 / Birmingham, AL 35201-1928

Toll Free: 800-456-6330 / Fax: 205-268-6479

ANNUITY CLAIMANT'S STATEMENT MUST BE SUBMITTED WITH ORIGINAL CERTIFIED DEATH CERTIFICATE

- 1. Certified Death Certificate must include cause of death
- 2. The original Certified Death Certificate will be returned to you

SECTION A - Contract Information

Policy number of contract(s): _____

Lost contract: I certify that the contract(s) has been lost or destroyed. If found later, I agree to surrender it to the Company without claim.

SECTION B - Information on Deceased - Please list any other names by which the insured may have been known. This should include maiden name, nicknames, hyphenated names, derivative forms of first or middle names, and any alias.

- 1. Deceased Full Name:

First	Middle	Last
First	Middle	Last
- 2. Date of Death:

Month	Day	Year

SECTION C - Information on Claimant

- 1. Claimant's Full Name:

First	Middle	Last
- 2. Claimant's Mailing Address:

Street Address	Apt. #
City / State / Zip	
- 3. Date of Birth: _____
- 4. Relationship to Deceased: _____
- 5. Social Security Number: _____
- 6. Home / Work Phone Numbers: _____
- 7. E-mail Address (Optional) _____

¹ Not authorized in New York

SECTION D - OPTIONS

COMMUTED VALUE - I elect to receive a commuted value distribution.

(THIS OPTION NOT AVAILABLE FOR CONTRACTS ISSUED IN THE STATE OF OK, OR or VT.)

Complete Withholding Election and Payment Method

Withholding Election - Even if you elect not to have federal income tax withheld from your withdrawals, you are liable for payment of federal income tax on the taxable portion of each payment to you. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. **Please check one Federal and one State Withholding box below:**

Federal Withholding: *Do Not Withhold Withhold 10% _____ Specify % or \$ (must be at least 10% of taxable portion distributed)

State Withholding: *Do Not Withhold _____ **Specify % or \$

**Some states require mandatory state income tax when federal income tax is withheld. For these states we will withhold based on the state requirements.*

***Some states do not allow state income tax withholding. We will withhold according to your instructions as allowed by the state.*

Payment Method: EFT Check

If EFT, please provide the following information: Checking (need copy of voided check)

Account Number: _____ Routing Number: _____

If Check, please provide the following information:

Make check payable to: _____

Mailing Address: _____

Continue to Page 4 for Signature.

SIGNATURES

UPS service available for an additional charge Yes

The undersigned Claimant agrees that this Claimant's Statement and an original certified death certificate shall each constitute a part of the due proof of death as stated in the contract. The Claimant declares that the facts stated on this Claimant's Statement are complete and true to the best of his/her knowledge and belief. The Claimant also acknowledges that he/she has read, and that he/she understands the attached Fraudulent Claim Warnings for his/her state of residence and the state where the contract was issued.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

Claimant

Date

Witness

Fraudulent Claim Warnings

- Any person with intent to defraud who files an application or a claim containing false or misleading information may be guilty of insurance fraud. Anyone who knows that someone is committing fraud against an insurer may be guilty as well.
- Some states require that we provide specific fraud claim warning language. Before signing the claim form, please read the warning for the state where you live and the state where the insurance policy was issued.

Arkansas, Louisiana, Rhode Island, 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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or 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: 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 civil and criminal 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, and 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Washington DC: 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 false incomplete, or misleading information is guilty of a felony in 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 of 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.” MD code Ann. Ins. HB 301' 27-805.

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

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.

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 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 materially false information or conceals for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with 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 with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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: 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.

Texas: 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.

Virginia, Washington: It is a crime to knowingly present 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 may be guilty of a crime and may be subject to fines and confinement in prison. (NAIC Model)

