

**DEFERRED ANNUITY CLAIM FORM
 STATEMENT OF BENEFICIARY**

Deceased Information:

Name: _____ Social Security Number: _____

Date of Birth: _____ Date of Death: _____

Contract Number(s) of Deceased: _____

Beneficiary Information: (One form for each Beneficiary)

Name: _____ Social Security Number: _____ M F

Address: _____

Date of Birth: _____ Relationship to Deceased: _____
CITY STATE ZIP CODE

Telephone Number: _____ Email Address: _____

Please consult your tax advisor. Once a settlement option is made, it cannot be changed.

Note: Some options may not be available under all contracts. Some contracts may have a surrender charge or market value adjustment which may impact the total death benefit payable. Please refer to the actual contract or contact Customer Service for clarification. **800-990-7626** or CustomerService@Guggenheiminsurance.com

- SETTLEMENT OPTION #1 SPOUSAL CONTINUATION** - Only available for spouse that is named as the only primary beneficiary; available for qualified and non-qualified contracts.
- SETTLEMENT OPTION #2 LUMP SUM TO BENEFICIARY** – Check will be issued_Surrender Charges and/or Market Value Adjustments may impact the total benefit payable.
- SETTLEMENT OPTION #3 IMMEDIATE PAYMENTS FOR A DEFINED PERIOD** – May **not exceed** a period which would exceed 5 years from date of death of the Deceased. Surrender Charges (if any) are waived under this option.

Select One: Check: Monthly Quarterly Semi-Annual Annual
 Direct Deposit: Monthly Quarterly Semi-Annual Annual (Must attach a voided check)

- SETTLEMENT OPTION #4 QUALIFIED ACCOUNT INHERITED IRA – Available for IRA, SEP, Roth IRA contracts only.**

Select one of two options: Inherited IRA with Guggenheim Life and Annuity Company
 Trustee to Trustee Transfer

Transfer Company Name (Note: transfer paperwork must be received from the transfer company in order to comply with this request) _____

- SETTLEMENT OPTION #5 PAYMENTS OVER ENTIRE LIFETIME**– Contact the Home Office for information.
- Certificate of Lost Policy:** By checking this box and signing this form, I certify that the annuity contract has been lost or destroyed and, to the best of my knowledge, is not in my possession. If the original should be found or come into my possession, I will return it to the Company, its successors or assignees. It is understood and agreed that the original policy shall become null and void. I agree to indemnify and hold Guggenheim Life and Annuity Company harmless and free from all claims, suits or other actions that may arise if the original policy is ever found.

IMPORTANT TAXPAYER INFORMATION

I understand that if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, it will have income tax withheld at a flat rate of 10%. If I am under the age of 59½, an IRS Federal Excise Tax may apply to the withdrawal. State income tax withholding is mandatory in CT and DC, and mandatory if younger than age 59½ in MS and NE. State income tax may not be withheld in AK, FL, HI, NH, NV, SD, TN, TX, WA, and WY. Otherwise, state income tax withholding is voluntary with the following exceptions: mandatory with federal in DE, IA, ME, MA, and OK; mandatory with federal unless waived in CA and NC, and mandatory unless waived in AR, KS, MI, OR, and VT. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

TAX WITHHOLDING ELECTION (Please Check)

- I do **NOT** elect to have taxes withheld from my payments.
- I **DO** elect to have **federal** income taxes withheld in the amount of \$_____ or percentage of _____%.
- I **DO** elect to have **state** income taxes withheld in the amount of \$_____ or percentage of _____%.

NOTE: TAX AUTOMATICALLY WITHHELD IF WITHHOLDING OPTION NOT ELECTED

The following statement is required by the IRS: Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

FOR RESIDENTS OF AK, AR, AZ, DC, DE, HI, ID, IN, KY, LA, MA, MD, ME, MN, NH, NM, OH, OK, OR, PA, RI, TN, TX, VA, WA, WV – REQUIRED NOTICE: 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.

CA RESIDENTS – REQUIRED NOTICE: For your protection, California law requires the following to appear on this form: 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.

CO RESIDENTS – REQUIRED NOTICE: 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.

FL RESIDENTS – REQUIRED NOTICE: 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.

NJ RESIDENTS – REQUIRED NOTICE: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY RESIDENTS – REQUIRED NOTICE: 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.

SIGNATURE OF BENEFICIARY

SIGNATURE OF UNRELATED WITNESS

DATE OF SIGNATURE

DATE OF SIGNATURE OF WITNESS

OTHER TELEPHONE NUMBER WHERE BENEFICIARY MAY BE REACHED

TELEPHONE NUMBER OF WITNESS

INSTRUCTIONS TO FILE A CLAIM UNDER A GUGGENHEIM LIFE ANNUITY CONTRACT

If the following instructions are not clear, or if any special information is desired, please contact our Customer Service Department for assistance. The furnishing of this form does not constitute an admission that there is any insurance in force. Please read the following instructions carefully and comply with them fully.

(1) To make claim under a contract, a Claim Form must be completed and filed with the Company. Regardless of the number of contracts involved, only one form is required from each Beneficiary. List all contract numbers on the form. **If there is more than one Beneficiary, each must submit a separate Claim Form. Each must have the signature and telephone number of the witness.**

(2) In completing a Claim Form, if the beneficiary's name has been changed by marriage or otherwise, evidence of the marriage or other method of change must be attached.

(3) **A Certificate of Death must be provided.** A photocopy of an original death certificate will be accepted. Only one Certificate of Death is required, regardless of the number of contracts or claimants involved.

(4) The contract should accompany the Claim Form, unless previously forwarded. If you are eligible for a Spousal Continuation you **should not** return the contract. If the contract is enclosed please mark the box titled "Contract is enclosed" on the Claim Form. If the contract is not enclosed or has not been previously forwarded the lost contract statement will apply.

(5) If the claimant is a minor the Beneficiary Information section must be completed for the minor and the Personal Signature of Beneficiary Section should be signed by a Parent or Guardian. **Payment is generally limited to the Guardian for the benefit of the minor. We suggest you consult your legal advisor concerning payments to minors in your state.**

(6) If children are designated as a class as beneficiaries, that is, the beneficiaries are not specifically indicated by name in the beneficiary designation, an affidavit listing the name of each child, their date of birth, and social security numbers, will be required.

(7) If you are a spouse who is eligible to continue the existing contract you must designate new beneficiaries. Do not return the contract if you elect Spousal Continuation. The contract will continue as though there were no changes. This means that all contract provisions would continue including any Surrender Charges remaining on the contract.

(8) Annuity Contracts that are currently making payments to the owner will need to have a new beneficiary named for each Claimant. Room is provided on the claim form. If additional space is needed, please use separate sheet of paper including all the information requested.

(9) Federal Income Tax Withholding Information. You have the option to have Income Taxes withheld from the claim proceeds. **If you elect not to have withholding apply to your contract proceeds, or if you do not have enough Federal Income Tax withheld from your contract proceeds, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.** Withholding will apply only to the gain included in the proceeds. Therefore, tax liability may be calculated on a figure other than the full amount of the proceeds. Comments regarding the tax aspects of an annuity or life insurance contract are not intended to be all encompassing. Your tax advisor should be consulted on any specific points of interest. A statement of taxable income and total taxes withheld will be provided to you. If no election is made, taxes will be automatically withheld at a rate of 10%. For some states the Insurance Company must receive authorization from the appropriate state tax or revenue department before a claim payment may be made to certain beneficiaries. Consult your tax advisor regarding the requirements for your state.

(10) For some annuity contracts a surrender charge and/or market value adjustment may apply to the proceeds payable if taken in a lump sum. Each Beneficiary will have the ability to elect a lump sum or other settlement option. In many cases, the benefit must be distributed within 5 years of the date of death. Please consult your tax advisor for additional clarification.