



financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

GUIDE TO MAKING YOUR LIFE / ANNUITY CLAIM

1) Call 1891 Financial Life to report the claim to the Customer Care Department:

1-800-344-6273 or 1-847-342-4500 Option #2

2) Complete a Life / Annuity Claim Form:

Complete the enclosed Life / Annuity Claim Form by following the instructions on the form. Please provide all the information requested so we may process your claim as quickly as possible.

3) Determine what you would like to do with your proceeds:

There are several options you can choose with 1891 Financial Life.

- Take the life insurance proceeds and deposit into an annuity.
- Purchase insurance for yourself, your spouse, children, grandchildren, etc.
- Donate some or all of your proceeds to a charity.
- Donate some or all of your proceeds to the 1891 Hope Scholarship Fund.
- Receive proceeds by check or direct deposit.

Our Customer Care team can assist you with your decision once we receive the claim form with your instructions.

4) What to expect after you submit a claim:

We're committed to processing your claim as quickly as possible. The process takes about 30 days but can take up to 60 days depending on when all necessary information is received.



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LIFE / ANNUITY CLAIM FORM

THINGS TO KNOW BEFORE YOU BEGIN:

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it may delay your claim.
- Please initial any corrections you make on his form.

1) Deceased Full Name

First Name: _____ Middle Name: _____ Last Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Alternate Phone No: _____

Date of Birth (MM/DD/YYYY): _____

Date of Death (MM/DD/YYYY): _____

SSN: _____

Marital Status: Single Married Divorced Separated Widow/Widower

Please list the certificate/policy number for all policies you are making a claim on:

Certificate/Policy Number: _____

Certificate/Policy Number: _____

Certificate/Policy Number: _____

Lost 1891 Financial Life certificate/policy: The Insured's original life insurance policy has been lost or destroyed, and I have no present knowledge of its whereabouts.

I am returning the original 1891 Financial Life certificate/policy

Original 1891 Financial Life certificate/policy is being returned by another beneficiary

Name of beneficiary: _____

2) Name of Beneficiary Filing Claim

Name: _____ Relationship: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

SSN/Tax ID#: _____ Country of Citizenship: _____

Date of Birth (MM/DD/YYYY): _____ Gender: M F

Primary Phone No: _____ Alternate Phone No: _____

Email: _____

3) Check off the items you are sending with this claim form:

- Death Certificate
Please send us a copy of the death certificate. If your claim is for more than \$5,000, **we require a certified death certificate**. A certified death certificate has a raised or colored seal on it. The funeral director can usually arrange to have the death certificate certified. We require only one death certificate for the Insured.
- Death Certificate of any beneficiary who died prior to the Insured.
- Assignment Form
If you signed a document with any third party, such as a funeral home, that authorizes us to make payment directly to them, send a copy of that document.
- If the person died in an accident and you are making an accidental death claim, proof of the accident – police reports and other supporting documents are necessary.
- If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.
- If the beneficiary is a Trust we will need:
 - Trust statement and
 - Trust document signed, dated and certified
- Affidavit of Acknowledgement and Agreement for Death Benefit Payment
- Federal Withholding Election form for an Annuity Claim

4) Tell Us how you would like to proceed with your claim payment:

Choose one all that apply:

- Take the life insurance proceeds and deposit into an annuity.
- Purchase insurance for yourself for your spouse, children, grandchildren, etc.
- Donate some or all of your proceeds to a charity.
- Donate some or all of your proceeds to the 1891 Hope Scholarship Fund.
- Beneficiary to receive proceeds by check or direct deposit.

You can call the Customer Care desk at any time to help you 1-800-344-6273 or 1-847-342-4500 Option #2.

5) Certification and Signature:

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we have paid you more than you are entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form.

Under the penalties of perjury, I certify:

- That the number shown as my Social Security Number above is my correct taxpayer identification number, and
- That 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
- I am a U.S. citizen, resident alien, or other U.S. person and the account is located within the United States.
- The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

The undersigned, designated beneficiary of 1891 Financial Life, Life Insurance Policy Number hereby requests payment of the proceeds. The undersigned is 21 years of age or older.

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

In 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.

SIGNATURE OF PERSON MAKING THE CLAIM

DATE SIGNED (MM/DD/YYYY)

Must be notarized to be processed.

Subscribed and sworn to before me
on this _____ day of _____, 20____

SIGNATURE NOTARY PUBLIC

My commission expires _____