



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496  
*cinfin.com* ■ 513-870-2000

## Annuity Death Claim Packet

**INSTRUCTIONS:** Thoroughly complete the attached claim form and sign and date where indicated. If there is more than one claimant, each person must complete a separate claim form.

**REQUIREMENTS:** Failure to submit the following documents will delay the processing of your claim for benefits. Additional information may be requested if necessary.

- Certified Death Certificate
- Completed Annuity Claim Form
- Original policy, if it can be located, unless Spousal Continuation is selected as the Claim Payment Option.

### PLEASE REVIEW THE FOLLOWING:

**Section A. Policy information:** Complete this section in its entirety. Please remember to return all policies listed in this section unless Spousal Continuation is selected.

**Section B. Claimant/Beneficiary information:** This section must be completed in order to claim benefits. Refer to the SPECIAL INSTRUCTIONS below to include all necessary information and required documents.

**Section C. Claim payment options:** Review the information regarding payment options and select which you prefer. Contact your tax adviser if you have questions about the tax consequences of your election.

**Section D. Federal income tax withholding:** Choose your tax withholding. If you opt out of tax withholding, you are still liable for applicable taxes on your distribution. Consult your tax adviser with questions about withholding.

**Section E. Required Minimum Distribution:** Complete this section if you are a beneficiary of an IRA to indicate whether a Required Minimum Distribution should be taken. Consult your tax adviser for questions about RMDs.

**Section F. Request for Tax Identification Number:** All claimants must provide their Social Security Number or their Employer, Tax, Trust or Estate Tax ID Number. Complete the certification ensuring the number is correct and indicate whether you are subject to backup withholding. If this section is not complete, we are required to withhold taxes.

**Fraud Warning:** Please review the fraud warning for your state.

### SPECIAL INSTRUCTIONS (IF APPLICABLE):

If the beneficiary is:

1. **DECEASED:** Include a copy of the beneficiary's death certificate.
2. **FORMER SPOUSE:** Include a copy of the divorce decree and property settlement.
3. **ESTATE:** Claim form must be completed for the estate by the Executor of the Estate. Include a copy of the appointment as executor and the tax ID.
4. **MINOR:** Claim form must be completed by the guardian of the minor's estate. A copy of the appointment is required.
5. **TRUST:** Claim form and Trustee Certification must be completed by the trustee. Include the tax ID of the trust.
6. **CORPORATION OR BUSINESS:** Claim form must be completed by an officer of the company and a corporate resolution must be provided.

**IF YOU NEED ASSISTANCE FILING YOUR CLAIM, PLEASE CONTACT US  
888-212-6970 OR LIFE-HEALTHCLAIMS@CINFIN.COM**

Return completed forms to: The Cincinnati Life Insurance Company  
Life Claims  
P.O. Box 145496  
Cincinnati, OH 45250

*Life-HealthClaims@cinfin.com* ■ Phone: 888-212-6970 ■ Fax: 513-870-2969

Forms included:

Annuity Death Claim Form CLI-8310 (9/21)  
Claim Fraud Warning Statements Form CLI-8854



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## Annuity Death Claim Form

### Section A. Policy information

Policy numbers under which claim is being made:

\_\_\_\_\_

Deceased's Full Name: \_\_\_\_\_  
First Middle Last

Also Known As: \_\_\_\_\_  
(Nicknames, maiden name, etc)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Section B. Claimant/Beneficiary information

**Please complete the information below to claim benefits. Refer to the special instructions.**

Beneficiary's Name: \_\_\_\_\_  
OR First Middle Last

Name of Trust or Estate: \_\_\_\_\_ Date of Trust: \_\_\_\_\_  
(if named as beneficiary)

Date of Birth: \_\_\_\_\_ SSN or TIN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**I do hereby make claim to the policy(ies) listed in Section A above. I declare that the answers recorded are true and complete to the best of my knowledge. I have read the applicable fraud statement.**

**If the contract is not returned with this form, I certify that it is not in my possession and has not been assigned or transferred, and I agree that I will return it to the Company if it is located unless I have selected Spousal Continuation as the claim payout option.**

**I agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.**

\_\_\_\_\_  
Signature of Claimant/Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant/Beneficiary

\_\_\_\_\_  
Relationship

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Section C. Claim payment options - select your method of payment**

You are eligible to select ONE of the following options unless the policy restricts your rights. You may wish to contact your tax adviser prior to making an election.

- Lump Sum:** If elected, choose one of the lump sum options. For Electronic Funds Transfer, include a voided check. If proceeds are payable to a minor, corporation, estate or trust, payment will be made via check.
  - Payment via check
  - Payment via EFT (voided check attached)
- Spousal Continuation:** Allows the surviving spouse to assume all ownership rights and benefits as outlined within the contract. The contract provisions remain in force for the surviving spouse as the assuming owner. Complete beneficiary section below. Do not return the policy.
- Five-Year Deferral (Total payout within five years from date of death):** The full death benefit, with interest, must be taken within five years of the owner's death, or annuitant's death in the case of a non-natural owner. There is no set schedule of payments.
- Ten-Year Deferral (IRAs only):** Full benefit, with interest, must be taken within 10 years of death. There is no set schedule of payments. Not available for nonqualified plans.
- Settlement Option:** Available only for death benefits of \$5,000 or more. A new contract will be issued to you. Payout period cannot exceed 10 years for an IRA unless you are an "eligible designated beneficiary" per IRS rules. Only options available in your policy may be selected. Choose **one** of the following.
  - Fixed Amount:** Equal payments of an amount chosen are paid until the amount under this option, with interest, is exhausted. The minimum payout period is five years.
    - Payment amount \$ \_\_\_\_\_
    - Frequency of payments  Monthly  Quarterly  Semi-annually  Annually
  - Period Certain:** Payments are guaranteed to continue for the period selected.
    - Number of years  10  15  20
    - Frequency of payments  Monthly  Quarterly  Semi-annually  Annually
  - Life with Period Certain:** Payments are guaranteed to continue for the greater of the annuitant's life or for the period selected. If the annuitant dies before payments have been made for the period selected, the remaining amount is payable to the person stated in the Beneficiary Designation section at the bottom of this form.
    - Number of years  10  15  20
    - Frequency of payments  Monthly  Quarterly  Semi-annually  Annually
- Transfer of Assets/Inherited IRA:** Qualified funds/IRAs may be transferred to another financial institution. You must provide transfer instructions and a letter of acceptance from the other carrier. Make your RMD selection in Section E.
- 1035 Exchange:** Available only for nonqualified plans. We will require a 1035 exchange form and instructions from the other carrier as well as a letter of acceptance.

**Beneficiary Designation - REQUIRED for Spousal Continuation, Five-Year Deferral, Ten-Year Deferral and any Settlement Option.** Include full name, SSN or Tax ID, address, relationship and percentage. Attach and sign additional pages if necessary.

Primary Beneficiary	Relationship	SS#/EIN	% Benefit
Contingent Beneficiary	Relationship	SS#/EIN	% Benefit

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Section D. Federal income tax withholding information**

- I want \_\_\_\_\_% withheld from each payment (Note: 10% will be withheld unless otherwise designated).
- I elect NOT to have federal income tax withheld from my payment.

The Internal Revenue Service requires that we withhold 10%, unless you mark no withholding or select a different percentage. If you opt out of tax withholding, you are still liable for applicable taxes on your distribution. You may also incur penalties under the estimated payment rules if you are withholding and estimated tax payments are not sufficient. You may wish to discuss your withholding election with a qualified tax adviser.

**Section E. Required Minimum Distribution for Qualified Plans: Important information for Transfers of Tax Qualified Funds**

Please check one of the boxes below regarding any required minimum distributions for the current or prior tax year(s) if you are transferring your IRA funds to another company. **If no box is checked, we will not send you an RMD before sending your proceeds to the new company unless mandated by IRS regulations.**

- DO NOT send me any RMD payment before the transfer. I agree that I am responsible for paying any applicable RMDs. I understand that if any RMDs from a prior year are left unpaid, that amount is not eligible for rollover and tax penalties may apply.
- DO send me the RMD payments from this contract prior to sending transfer of assets.

**If you have any questions concerning RMDs, please consult your tax adviser.**

**Section F. Request for Taxpayer Identification Number and certification**

The IRS requires that you provide The Cincinnati Life Insurance Company with your correct Social Security number or tax identification number. We may have to withhold and send on your behalf a portion of any interest due to you to the IRS unless you a) provide us with a correct Social Security Number or Tax ID Number and b) state that you have not been notified that you are subject to an IRS backup withholding order on interest and dividends.

Beneficiary Social Security Number: _____	OR	Employer, Trust, or Estate Tax ID Number: _____
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- Check this box if you are NOT a U.S. citizen or U.S. resident and complete an IRS W-8BEN form instead of completing the remainder of this section.

CERTIFICATION – Under penalty of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number, and
2. 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
3. I am a U.S. person or U.S. resident alien.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

NOTE: Cross out number 2 above if you have been notified by the IRS that you are subject to backup withholding because you have underreported interest or dividends on your tax return.

\_\_\_\_\_  
Signature of Claimant/Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person/Party Signing

\_\_\_\_\_  
Relationship to Insured



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### CLAIM FRAUD WARNING STATEMENTS

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.
<b>The laws of the states below require the company to provide the following state specific statements:</b>
<b>Alaska</b> – 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.
<b>Arkansas, Louisiana, Massachusetts, Rhode Island and West Virginia</b> – 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.
<b>Arizona</b> – 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.
<b>California</b> – 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.
<b>Colorado</b> – 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.
<b>District of Columbia</b> – 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.
<b>Delaware</b> – 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.
<b>Florida</b> – 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.
<b>Idaho</b> – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b> – A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b> – 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.
<b>Maine, Tennessee, Virginia and Washington</b> – 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.
<b>Maryland</b> – 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.
<b>Minnesota</b> – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Hampshire</b> – 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.
<b>New Jersey</b> – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
<b>New Mexico</b> – 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 CRIMINAL PENALTIES.
<b>New York</b> – 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.
<b>Ohio</b> – 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.
<b>Oklahoma</b> – 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.
<b>Pennsylvania</b> – 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.
<b>Texas</b> – 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.

DETACH HERE