



Member Company

Erie Family Life Insurance Company

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.4340
Toll free 1.800.458.0811 Ext. 4340 • Fax 814.461.1238 • erieinsurance.com

ANNUITY CLAIMANT'S STATEMENT

This form and the following documentation must be completed and returned to: **Erie Family Life, 100 Erie Insurance Place, Erie, Pa 16530** in order to file a claim with Erie Family Life Insurance Company.

- **DEATH CERTIFICATE** - A certified copy of the death certificate should be obtained and forwarded to the Home Office. Other documentation, such as notice from local newspaper, etc., particularly in case of accidental death or possible suicide, is desirable but not required. Such additional data will NOT be accepted as a substitute for the death certificate. However, if death benefit is less than \$2,000, or if you reside in the state of TN, this requirement may be waived or alternate documentation accepted.
- **ORIGINAL CONTRACT** - The original contract should be secured and forwarded with the Claimant's Statement and the death certificate. If the original contract cannot be located, it should be indicated on the Claimant's Statement.
- **SIGNATURE CERTIFICATION** - Claimant must forward one of the following forms of signature certification:
A notarized signature on this Claimant's form or a clear copy of your driver's license or state ID card.

NOTE: A separate annuity claimant's statement should be completed for each claimant (beneficiary) and each individual annuity claim.

INSTRUCTIONS FOR COMPLETING CLAIMANT'S STATEMENT

This form must be executed before a WITNESS by the person or persons to whom the proceeds are payable.

If the contract is payable to the ESTATE or EXECUTORS or ADMINISTRATORS of the deceased, the statement should be completed by the executor or administrator, a certificate of whose appointment and qualifications must be furnished. The tax identification number of the estate should also be used for beneficiary information.

If the contract is payable to a TRUST, the statement should be prepared by the trustee. If the trust beneficiary(ies) is intended to be a designated beneficiary for calculating the minimum required distributions under the contract, the trustee must provide a copy of the actual trust document or the alternative information required by section 1.401(a)(9)-4 of the federal income tax regulations.

If the contract is payable to a MINOR or a MENTALLY INCOMPETENT PERSON, the statement should be completed by the COURT APPOINTED guardian. An official certificate of appointment and qualifications must be furnished.

MAILING INSTRUCTIONS FOR ANNUITY PROCEEDS

- Return proceeds to Agent for delivery
- Mail proceeds directly to Claimant (Beneficiary)
- N/A not receiving a distribution at this time
- Other

PART I – DECEASED ANNUITANT AND/OR OWNER INFORMATION COMPLETE THIS SECTION FOR ALL CLAIMS

ANNUITY CONTRACT NUMBER: _____

DECEASED'S INFORMATION:

NAME: _____

MAIDEN NAME, NICKNAME, OR ALIAS (if applicable) _____

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

DATE OF DEATH: _____ AGE AT DEATH: _____

ANNUITY TYPE: NON-QUALIFIED ANNUITY - Complete parts I, II, III, V, and VI.
All other annuity types listed below - Complete parts I, II, IV, V, and VI.

- TRADITIONAL IRA
- ROTH IRA
- SEP IRA (Simplified Employee Pension)
- SIMPLE IRA (Savings Incentive Match Plan for Employees)
- TSA [403(b) Tax Sheltered Annuity]
- Qualified Retirement Plan

NOTE: Complete either Part III or Part IV, as applicable. Do not complete both.

HAVE PERIODIC PAYMENTS ALREADY BEGUN? YES NO

PLEASE INDICATE IF CONTRACT IS: ATTACHED LOST

PART II – CLAIMANT (BENEFICIARY) INFORMATION COMPLETE THIS SECTION FOR ALL CLAIMS

CLAIMANT (BENEFICIARY) INFORMATION:

Claimant Name: _____

I am also known as: _____

Claimant's Address: _____

Claimant's E-Mail Address: _____

Claimant's Date of Birth: _____ Claimant's Sex: Male Female

Phone Number: Home: _____ Work: _____ Cell: _____

Taxpayer Identification/Social Security Number: _____

Relationship to Deceased: _____

PART III – THIS SECTION APPLICABLE TO A NON-QUALIFIED ANNUITY ONLY
BENEFICIARY ELECTIONS (CHOOSE ONE OPTION ONLY)
IF NO OPTION IS CHOSEN, SETTLEMENT OPTION WILL DEFAULT TO TOTAL DISTRIBUTION.

- TOTAL DISTRIBUTION:** I elect to receive the entire contract balance in a single sum.
- SPOUSAL CONTINUATION: AVAILABLE TO SOLE SPOUSE BENEFICIARY ONLY** - I elect to treat this ERIE FAMILY LIFE contract as my own. I understand this contract will continue and I am subject to all terms and conditions as defined within the contract. I understand that in the event periodic payments have already begun, the payments will continue to be disbursed for the remaining guaranteed period.
- **Systematic Withdrawals of interest Only are not considered periodic payments and do not continue automatically. If Systematic Withdrawals of Interest Only are desired, Forms EFL-7514 & EFL-741 must also be completed and submitted in addition to the death claim forms.**

I elect to make the following beneficiary designations to this contract:

COMPLETE BENEFICIARY DESIGNATION ONLY IF CHOOSING SPOUSAL CONTINUATION

PRIMARY BENEFICIARY SECTION					CONTINGENT BENEFICIARY SECTION				
1) Name:					1) Name:				
Birth Date	-	-	Relationship		Birth Date	-	-	Relationship	
TIN/SSN			Percentage	%	TIN/SSN			Percentage	%
Address					Address				
2) Name:					2) Name:				
Birth Date	-	-	Relationship		Birth Date	-	-	Relationship	
TIN/SSN			Percentage	%	TIN/SSN			Percentage	%
Address					Address				
3) Name:					3) Name:				
Birth Date	-	-	Relationship		Birth Date	-	-	Relationship	
TIN/SSN			Percentage	%	TIN/SSN			Percentage	%
Address					Address				

If no beneficiary is named, the beneficiary will be the annuitant's estate.

Note: All beneficiaries are revocable unless otherwise requested. The percentages allocated to the beneficiaries listed in each section above must total 100%. If no percentage is indicated, equal shares are assumed.

- 5-YEAR RULE:** I elect to deplete the entire contract balance by requesting withdrawals at my discretion. I understand that the balance must be depleted by the 5th anniversary of the contract holder's death; and that in the event of my death, any remaining proceeds will be paid to my **ESTATE**.
- Note: Taxation occurs with each withdrawal and is not pro-rated over the 5-year period.**
- This option is subject to a minimum of \$5,000 per beneficiary.**
- This option is not available if periodic payments have already begun.**
- Contact the Home Office to determine the interest rate that will be applied to the funds under this option.**
- PERIODIC PAYMENTS:** I elect to deplete the entire contract balance by receiving periodic payments, not to extend beyond my own life expectancy, with the first payment being disbursed within 12 months of the contract holder's death. I understand that in the event of my death, any guaranteed proceeds will be paid to my **ESTATE**. **Please submit a completed EFL930 form, selecting either Payments for a Guaranteed Period OR Payments of a Fixed Amount and Federal Election Form W-4P.**
- This option is subject to a minimum of \$5,000 per beneficiary.**
- Contact the Home Office to determine the interest rate that will be applied to the funds under this option.**
- NOTE: A beneficiary electing periodic payments must adhere to the established payment stream chosen and cannot request interim withdrawals or surrender their account.**
- NOTE: If periodic payments have already begun, the "Periodic Payments" options listed above may not be available depending on whether the deceased was the annuitant and/or owner of the contract. Please contact the home office for further instruction.**
- CONTINUED DISTRIBUTION:** I elect to deplete the entire contract balance by continuing the disbursements of the "pre-death" periodic payment for the remaining guaranteed period. I understand that the contract **CANNOT** be surrendered and the payments **CANNOT** be accelerated or changed. In the event of my death, any guaranteed proceeds will be paid to my **ESTATE**. **Federal Withholding Election Form W-4P will also need to be submitted.**

PART IV – THIS SECTION APPLICABLE TO AN IRA, TSA, OR QUALIFIED RETIREMENT PLAN ONLY

BENEFICIARY ELECTIONS (CHOOSE ONE OPTION ONLY)

IF NO OPTION IS CHOSEN, SETTLEMENT OPTION WILL DEFAULT TO TOTAL DISTRIBUTION.

- TOTAL DISTRIBUTION:** I elect to receive the entire contract balance in a single sum.
- SPOUSAL CONTINUATION: AVAILABLE TO SOLE SPOUSE BENEFICIARY ONLY** - I elect to treat this ERIE FAMILY LIFE contract as my own. I understand this contract will continue and I am subject to all terms and conditions as defined within the contract. I understand that in the event periodic payments have already begun, the payments will continue to be disbursed for the remaining guaranteed period.
 - **Systematic Withdrawals of interest Only are not considered periodic payments and do not continue automatically. If Systematic Withdrawals of Interest Only are desired, Forms EFL-7514 & EFL-741 must also be completed and submitted in addition to the death claim forms.**
 - **This option is not available for a TSA or Qualified Retirement Plan.**
 - **If a required minimum distribution is due, it will be disbursed to the beneficiary prior to processing the spousal continuation.**

I elect to make the following beneficiary designations to this contract:

COMPLETE BENEFICIARY DESIGNATION ONLY IF CHOOSING SPOUSAL CONTINUATION

PRIMARY BENEFICIARY SECTION				CONTINGENT BENEFICIARY SECTION			
1) Name:				1) Name:			
Birth Date	-	-	Relationship	Birth Date	-	-	Relationship
TIN/SSN		Percentage	%	TIN/SSN		Percentage	%
Address				Address			
2) Name:				2) Name:			
Birth Date	-	-	Relationship	Birth Date	-	-	Relationship
TIN/SSN		Percentage	%	TIN/SSN		Percentage	%
Address				Address			
3) Name:				3) Name:			
Birth Date	-	-	Relationship	Birth Date	-	-	Relationship
TIN/SSN		Percentage	%	TIN/SSN		Percentage	%
Address				Address			

If no beneficiary is named, the beneficiary will be the annuitant's estate.

Note: All beneficiaries are revocable unless otherwise requested. The percentages allocated to the beneficiaries listed in each section above must total 100%. If no percentage is indicated, equal shares are assumed.

- DIRECT ROLLOVER**
 - Proceeds remaining at EFL** (Available to Spouse Beneficiary Only) - I elect to directly roll the entire contract balance to another account. For funds being deposited into a Flexible EFL IRA, please supply the existing IRA number (# _____) or attach a complete annuity application. **If a required minimum distribution is due, it will be disbursed to the beneficiary prior to processing the rollover.**
 - Proceeds leaving EFL** - I elect to directly roll the entire contract balance to an account at another Company. I would like my proceeds directly rolled into:
 - Account # _____ at _____
 - Receiving Company Name _____
 - Street Address _____
 - City, State & Zip _____**If a required minimum distribution is due, it will be disbursed to the beneficiary prior to processing the rollover. The following items will also be needed: a letter of acceptance from the receiving institution, transfer paperwork and signed Release and Hold Harmless Agreement.**

- 5-YEAR RULE:** I elect to deplete the entire contract balance by requesting withdrawals at my discretion. I understand that the balance must be depleted by December 31st of the year containing the 5th anniversary of the contract holder's death; and that in the event of my death, any remaining proceeds will be paid to my **ESTATE**.
 - This option is subject to a minimum of \$5,000 per beneficiary.**
 - This option is not available if required minimum distributions or periodic payments have already begun.**
 - Contact the Home Office to determine the interest rate that will be applied to the funds under this option.**

- PERIODIC PAYMENTS:** I elect to deplete the entire contract balance by receiving periodic payments, not to extend beyond my own life expectancy. I understand that the first payment must generally be disbursed no later than December 31st of the year following the year of the contract holder's death; and that in the event of my death, any guaranteed proceeds will be paid to my **ESTATE**. **Please submit a completed EFL930 form, selecting either Payments for a Guaranteed Period OR Payments of a Fixed Amount and Federal Election Form W-4P.** **This option is subject to a minimum of \$5,000 per beneficiary.** **Contact the Home Office to determine the interest rate that will be applied to the funds under this option.**

- CONTINUED DISTRIBUTION:** I elect to deplete the entire contract balance by continuing the disbursements of the "pre-death" periodic payment for the remaining guaranteed period. I understand that the contract **CANNOT** be surrendered and the payments **CANNOT** be accelerated or changed. In the event of my death, any guaranteed proceeds will be paid to my **ESTATE**. **Federal Withholding Election Form W-4P will also need to be submitted.**

PART V - WITHHOLDING NOTICE INFORMATION
(Substitute Form W-4P)
COMPLETE THIS SECTION FOR ALL CLAIMS RECEIVING A DISTRIBUTION

Basic Information about Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to payments made from pension, profit sharing, stock bonus, annuity, and certain deferred compensation plans, IRA's, and commercial annuities.

Purpose of Form W-4P

Unless you elect otherwise, federal income tax will be withheld from payments from pensions and annuities. You can use Form W-4P, or this form, to instruct Erie Family Life to withhold no tax from your payments (or to revoke this election). This substitute form should be used only for distributions which are payable upon demand.

Periodic Payments

Periodic payments are payments that are received in installments at regular intervals over a period of more than one full year. The amount of tax withheld from periodic payments is generally based on wage withholding tables, unless you elect otherwise. Generally, periodic payments must have income tax withheld at a rate not less than as if you are married claiming three withholding allowances, unless you elect out of this option.

Non-Periodic Payments

Payments that do not qualify as periodic payments are treated as *non-periodic payments* for federal income tax purposes. Generally, non-periodic payments must have income tax withheld at a rate not less than 10%, unless you elect out of this option.

You can generally elect to have no income tax withheld from a payment by filling out a W-4P, or this substitute form, with Erie Family Life and checking the appropriate box. Your election will remain in effect for any subsequent distribution unless you change or revoke it.

Mandatory Withholding for Eligible Rollover Distributions

If the annuity is a TSA or Qualified Retirement Plan, and you are the surviving spouse of the annuitant, if you select a lump sum payment, it will be considered an eligible rollover distribution. The IRS requires us to withhold 20% from eligible rollover distributions except for amounts that are directly rolled over to an IRA or other eligible retirement plan.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, through either withholding or estimated tax payments. New retirees should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your payments using Form W-4P or this form.

Revoking the Exemption from Withholding

If you want to revoke your previously filed exemption from withholding, file another Form W-4P, or this form, with Erie Family Life and check the appropriate box on that form.

Statement of Income Tax Withheld

By January 31 of next year, you will receive a statement from Erie Family Life showing the total amount of your payments and the total federal income tax withheld during the year.

ONE OF THE FOLLOWING ELECTIONS MUST BE SELECTED BY THE CLAIMANT (BENEFICIARY):

***If no election is made or no percentage given, Erie Family Life will withhold the minimum required percentage required by the Internal Revenue Service regulations.**

Withholding Election (Substitute Form W-4P)

Do Not Withhold federal income tax. I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

Non-Periodic Payments

Withhold federal income tax at a rate of _____% (not less than 10 percent) from the amount withdrawn.

Periodic Payments

If periodic payments are elected, an IRS form W-4P must be completed and submitted to Erie Family Life for Federal Withholding election.

FOR VIRGINIA and NORTH CAROLINA RESIDENTS ONLY: If you elect federal income tax withholding, we are required to withhold 4 percent state tax. If you do not elect federal income tax withholding, you may still elect to have state withholding or elect not to have any state withholding by selecting one of the below.

Withhold state income tax at a rate of _____% (not less than 4 percent) from the amount withdrawn.

Do Not Withhold state income tax.

INDIANA RESIDENTS ONLY: You may elect to have state and county income tax withheld, regardless if you elected federal income tax withheld, by selecting the below:

Withhold state income tax of \$_____ (whole dollar amount) and **county income tax** of \$_____ (whole dollar amount). Provide either **2-digit county code** _____ or county name _____. Minimum of \$10.00 for each state and county.

PART VI – CLAIMANT’S SIGNATURE
COMPLETE THIS SECTION FOR ALL CLAIMS

I declare that I have read and understood all the statements shown on this form, that they are true and complete to the best of my knowledge and correctly recorded. I understand that this Claimant’s Statement is subject to all the terms and conditions as defined within the deceased’s contract, and applicable IRS tax code as amended.

Unless specific state language is noted below, the following general fraud notice applies and is part of the application:

GENERAL FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IN FRAUD NOTICE

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.

KY FRAUD NOTICE

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.

MD FRAUD NOTICE

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.

OH FRAUD NOTICE

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.

PA 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.

TN FRAUD NOTICE

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.

VA FRAUD NOTICE

Any person who, with the 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 may have violated state law.

Upon signing this claim form I understand that my payment selection is final and cannot be amended at a later date.

Please review the disclaimer below before signing.

Witness

Claimant (Beneficiary)

Date

Disclaimer: The information contained in this statement is intended to give you a general understanding of the manner in which certain Internal Revenue Code provisions apply to particular transactions involving Erie Family Life products. This information should not be construed as tax or legal advice but, instead, as informational only. The tax treatment of any particular transaction may vary depending upon your individual circumstances and you are encouraged to consult with your tax adviser or attorney if you have any questions concerning the tax treatment of this or any other transaction involving an Erie Family Life product.