

## BENEFICIARY STATEMENT

### Instructions to the Beneficiary:

- Each beneficiary should complete and sign a separate Beneficiary Statement. If the beneficiary is a minor, the parent or custodian of the minor beneficiary may sign on his or her behalf.
- If claim is being made for Accidental Death benefit, provide:
  - The police or accident report, newspaper articles, work injury report or similar documentation that describes the accident.
  - The Authorization for Release of Medical Information fully completed by the named beneficiary or next of kin if named beneficiary is not the next of kin.
- Mail these documents to the address at the top of this claim form or **email them to LADCLA@symetra.com**.

You can help ensure a quick claim decision:

- Directions and required documents are noted in each section below.
- All required claim forms must be signed, dated, and completed fully and accurately.
- Any missing information will delay the prompt handling of the claim and may lead to follow-up with you for additional information.

### Employee/Member

Name of Deceased	Policy number <i>(if known)</i>	Claim number <i>(if known)</i>
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Deceased's full address

Date of death	Deceased's marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Unknown
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If known, please indicate the manner of death

Illness  
  Natural  
  Accident  
  Homicide  
  Suicide  
  Pending, Undetermined, Other

Cause *(if known)*

If available, please **provide a copy of the certified death certificate** when you submit this form. If not available, please submit a copy as soon as possible.

If the **death occurred in a foreign country**, please include the local (foreign) death certificate from where the death occurred AND the Consular Report of Death of a U.S. Citizen Abroad. The United States Embassy can assist you with obtaining this paperwork if it has not yet been provided to you or the next of kin.

If you have **completed a Funeral Home Assignment**, please submit a copy with this form. Otherwise, please provide funeral home information

Name of funeral home	Contact person	Phone number
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**Beneficiary/Beneficiary's Representative**

**If the claim for benefits is approved**, we will issue payment of benefits to the named beneficiaries in a timely manner. Please note EACH beneficiary needs to complete their own form.

Your name or Minor Beneficiary's name

Beneficiary Date of birth

Beneficiary's Social Security Number or Tax ID if beneficiary is an Estate or Trust

Citizenship:

U.S. citizen    U.S. Resident    Non-resident Alien    Foreign (*list country*) \_\_\_\_\_

Your phone number

May we have your authorization to leave confidential benefit or medical information on your voicemail?

Yes    No

Your email address

May we have your authorization to correspond with you electronically via email?

Yes    No

Mailing address

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**Benefit Payment**

Please note,

- If benefits are **payable to an Estate**, an official certificate of the individual's legal appointment and qualification should be attached to this form.
- If benefits are **payable to a Trust**, a copy of the Trust paperwork should be attached to this form.
- If the benefits are **payable to a minor**, we will contact you about payment options.
- If you are a **foreign resident**, we will contact you about payment options.

**Additionally, if the claim for benefits is approved, we offer payment options.** (*Please check one box below.*)

I would like to receive payment via check.

I would like to receive payment via Electronic Funds Transfer. I authorize Symetra to send my Life payment(s) to the bank designated below for electronic deposit into my account. I understand I may terminate this arrangement at any time via phone or in writing. If any overpayment of benefits is credited to my account in error, I authorize and direct the bank to charge my account and to refund such overpayment to Symetra.

**If no selection is made, payment will be issued via check.**

Signature

Date

Bank name

Type of account

Checking    Savings

Bank account number

Bank routing number (*the first 9 numbers from the left at the bottom of the check are your bank routing number*)

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**Beneficiary Certification**

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Under penalties of perjury, I certify that the number shown on this form is my correct Social Security or Tax Identification Number. I am a U.S. citizen or other U.S. person, and I am not subject to backup withholding due to failure to report all interest or dividends.

Check this box if you have received a notification from the IRS that you are the subject to backup withholding

Check this box if you are claiming Non-U.S. status and submitting an appropriate withholding certificate (usually a signed IRS Form W-8 or IRS Form 8233) instead of agreeing to this certification.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below:

- I certify that the information contained in this Beneficiary Statement is true, accurate, and complete to the best of my knowledge.
- I certify that I have read and understand the fraud notice(s) contained at the bottom of this form.
- I agree to reimburse Symetra in full for any payment(s) of claim proceeds that are determined to not be payable to me under the policy and/or applicable law.

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Signature

Date

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**Please read the following notice that we are required by law to give to you.**

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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 restitution fines or confinement in prison, or any combination thereof.

AR, LA, RI, WV: 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.

AZ: 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.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: 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.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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.

FL: 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.

ME: 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.

MD: 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.

NH: 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.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: 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.

OK: **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.

PA: 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, VA, WA: 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.

TX: 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.