



## How to Claim a John Hancock Annuity

Use this guide to help you start the process of claiming the assets left to you as beneficiary.

As you consider your options, some factors you may want to consider are:

- Liquidity
- Long-term income needs
- Potential for future growth
- Taxation
- Legacy Planning
- Flexibility

As you consider your options, you may find it helpful to check with your tax or financial advisor. John Hancock representatives are also available to review your options with you, including answering any questions you may have.

The death benefit value will be allocated toward the same investment subaccounts selected by the decedent. You may have different investment objectives, time horizon, and risk tolerance than the decedent and may wish to re-apportion the subaccounts within the annuity contract.

- Your beneficiary type will determine the options available to you.
- Please note that all options may not be available to all beneficiaries.
- Once your settlement is processed it cannot be reversed.

Beneficiary Type	Cash Settlement (This is the default settlement option if no other settlement option is selected.)	Spousal Continuation	Extended Beneficiary Account "Nonqualified Stretch"	5-Year Beneficiary Account "Settlement"	Annuitization
<b>Spouse</b>	✓	✓	✓	✓	✓
<b>Nonspouse (Individual)</b>	✓	n/a	✓	✓	✓
<b>Trust</b>	✓	n/a	n/a	✓	n/a
<b>Estate</b>	✓	n/a	n/a	✓	n/a
<b>Minor (Individual)</b>	✓	n/a	✓	✓	n/a
<b>Charity</b>	✓	n/a	n/a	n/a	n/a
<b>Corporation</b>	✓	n/a	n/a	n/a	n/a

Proceed to page 2 for an explanation of the settlement options and required documents. The chart on page 2 is for informational purposes only and does not constitute tax or legal advice.

# Explanation of Settlement Options

	Description	Features & Benefits	Taxation	Required Forms
<b>Cash Settlement</b>	<ul style="list-style-type: none"> <li>Immediate access to funds distributed in one lump sum</li> </ul>	<ul style="list-style-type: none"> <li>If the total claim proceeds are under \$7,500 or made payable to a corporation, custodian, or the minor claim will be paid by check</li> <li>Lump sum check or EFT provides easy access to funds</li> </ul>	<ul style="list-style-type: none"> <li>The income portion of the claim proceeds is subject to state and federal income tax when paid to you. We will send you Form 1099-R in the year following the year the claim was settled</li> </ul>	<p><b>Form A</b></p> <p><b>Certified Death Certificate</b></p> <p><b>W-9</b></p> <p>If beneficiary is a trust also include:</p> <p><b>Form D</b></p>
<b>Spousal Continuation</b>	<p><b>This option is available only to a beneficiary who is the surviving spouse.</b></p> <ul style="list-style-type: none"> <li>The surviving spouse becomes the owner of the decedent's annuity</li> </ul>	<ul style="list-style-type: none"> <li>Control over the contract</li> <li>Contract fully invested</li> <li>Can name own beneficiary</li> <li>Additional contributions may not be allowed for all products</li> <li>Surrender penalties may apply for certain products</li> </ul>	<ul style="list-style-type: none"> <li>Income not taxed until withdrawn</li> <li>Investment earnings grow tax deferred</li> <li>No stepped-up cost basis</li> <li>Withdrawals treated as income first (taxable), then a return of the investment in the contract (not taxable)</li> <li>Pre-59½ income subject to 10% penalty tax for early withdrawal</li> </ul>	<p><b>Form A</b></p> <p><b>Certified Death Certificate</b></p> <p><b>W-9</b></p> <p><b>Trade Authorization Agreement</b></p> <p><b>Authorization to Defer Maturity Date</b></p>
<b>Extended Beneficiary Account "Nonqualified Stretch"</b>	<p><b>This option is available to both the surviving spouse and individual nonspousal beneficiaries.</b></p> <ul style="list-style-type: none"> <li>Contract is registered to include both the decedent and beneficiary's names</li> <li>The account is paid out over the beneficiary's lifetime in installment payments</li> <li>The beneficiary may withdraw additional amounts or even change the amount of the installments at no penalty provided that the IRS-required minimum is taken each year</li> <li>Payment must begin no later than 1 year from date of death</li> </ul>	<ul style="list-style-type: none"> <li>Control over the contract</li> <li>Lifetime-based income</li> <li>May increase payment level at any time, including additional withdrawals when needed and lump sum</li> <li>Contract fully invested</li> <li>Can name own beneficiary</li> <li>No additional contributions allowed</li> </ul>	<ul style="list-style-type: none"> <li>Income not taxed until withdrawn</li> <li>Investment earnings grow tax deferred</li> <li>No stepped-up cost basis</li> <li>Withdrawals treated as income first (taxable), then a return of the investment in the contract (not taxable)</li> <li>Income exempt from penalty tax for early withdrawal</li> </ul>	<p><b>Form A</b></p> <p><b>Form B</b></p> <p><b>Certified Death Certificate</b></p> <p><b>W-9</b></p> <p><b>Trade Authorization Agreement</b></p>
<b>5-Year Beneficiary Account "Settlement"</b>	<p><b>This option is available to both the surviving spouse, individual nonspousal beneficiaries, trusts and estates.</b></p> <ul style="list-style-type: none"> <li>The contract is held in an account in the name of the beneficiary</li> <li>The contract must be paid out no later than the 5th anniversary from date of death</li> <li>The distribution may be made in a variety of installment methods</li> </ul>	<ul style="list-style-type: none"> <li>Control over the contract</li> <li>No required method to receive income during 5-year period</li> <li>Ability to spread taxes over 5 years</li> <li>Random withdrawals, as needed</li> <li>Total distribution by the end of the 5th year</li> <li>Contract fully invested</li> <li>No additional contributions allowed</li> </ul>	<ul style="list-style-type: none"> <li>Income not taxed until withdrawn</li> <li>Investment earnings grow tax deferred</li> <li>No stepped-up cost basis</li> <li>Withdrawals treated as income first (taxable), then a return of the investment in the contract (not taxable)</li> <li>Income exempt from penalty for early withdrawal</li> </ul>	<p><b>Form A</b></p> <p><b>Certified Death Certificate</b></p> <p><b>W-9</b></p> <p><b>Trade Authorization Agreement</b></p> <p>If beneficiary is a trust also include:</p> <p><b>Form D</b></p>
<b>Annuitization</b>	<p><b>This option is available to both the surviving spouse and individual nonspousal beneficiaries.</b></p> <ul style="list-style-type: none"> <li>Option for guaranteed lifetime income payments</li> <li>Additional withdrawals cannot be taken</li> <li>Once the payment stream has started, the election can not be changed</li> <li>Payment must begin no later than 1 year from date of death</li> </ul>	<ul style="list-style-type: none"> <li>Taxes spread out over time based on payout option elected</li> <li>No surrender charge on income</li> </ul>	<ul style="list-style-type: none"> <li>Income not taxed until payment stream has started</li> <li>No stepped-up cost basis</li> <li>Each year's payments consist of tax-free return of the investment in the contract and distribution of taxable earnings. Once all the investment is distributed any further payments are fully taxable.</li> <li>Income exempt from penalty tax for early withdrawal</li> </ul>	<p><b>Form A</b></p> <p><b>Certified Death Certificate</b></p> <p><b>W-9</b></p> <p><b>Annuitization Form</b></p>

## 1. Death Certificates

**A certified death certificate can generally be obtained from the state, county or local government where the covered individual died.**

### **What makes it a certified death certificate?**

A certified death certificate has an official raised or multicolored seal from the issuing county, state, city, or country. It will also have the signature of an authorized government official.

### **Are photocopies of the death certificate acceptable? If not, can I get my original back?**

Yes, copies of U.S. and Canadian death certificates are acceptable for claim proceeds that do not exceed \$100,000. John Hancock reserves the right to request an original copy.

An original certified death certificate is required for claims above \$100,000 or if the annuity owner died outside the U.S. or Canada. We will return your original death certificate upon request.

**NOTE: If the death occurred outside of the United States or Canada, a "Report of Death of an American Citizen Abroad" document is required. This can generally be obtained at the U.S. Embassy or State Department in D.C.**

## 2. Beneficiary(ies)

**A Beneficiary Claim Statement (Form A) is required for each beneficiary.**

### **Must each beneficiary complete a Claim Statement (Form A)? May I copy the Claim Statement and forward it to the other claimants for completion and return to John Hancock New York New York?**

Yes. You may forward copies of the Claim Statement to other beneficiaries for their completion and return via fax or mail to John Hancock New York. All beneficiaries must complete and sign.

### **What if the beneficiary is an estate but no probate has been filed in court?**

John Hancock New York will require that the Letters Testamentary or of Administration issued by the court be submitted. If there is no probate estate, it may be possible to claim the death benefit with a small estate affidavit. Please consult with your own attorney for any state specific requirements.

### **What are Letters Testamentary or Letters of Administration?**

Letters Testamentary or of Administration are a state court's appointment of a person to act as executor or administrator of an estate. If the beneficiary is an estate, the Claim Statement must be signed by the court appointed representative.

### **What if the beneficiary is a trust?**

The Trustee Certification Form (**Form D**), signed by all trustees must be submitted. Please include the trust's tax identification number.

### **What if the beneficiary is a minor?**

If the proceeds are less than \$10,000, John Hancock New York will generally allow parents of a minor beneficiary to claim the proceeds upon presentation of a birth certificate for the minor. For your state's requirements, please contact your John Hancock New York case manager.

### **What if a beneficiary is deceased?**

If the primary beneficiary died before the annuity owner, his or her share may be paid to any living primary beneficiaries. If there are no living primary beneficiaries, the deceased beneficiary's share may be paid to any contingent beneficiaries. If all beneficiaries died before the annuity owner, the proceeds may be paid to the owner's "estate." For any deceased beneficiary, you must submit a copy of the death certificate.

### **What if the beneficiary is not a U.S. citizen?**

A beneficiary who is not a U.S. citizen, U.S. resident alien or other U.S. person should not complete IRS Form W-9. Instead he or she should complete the appropriate IRS Form W-8, which is available on the IRS website at [www.irs.gov/Forms-&-Pubs](http://www.irs.gov/Forms-&-Pubs).

## Questions about ...

### 2. Beneficiary(ies) (continued)

**What if the beneficiary's name has changed?**

Documentation to substantiate the change must be submitted; for example, a copy of a divorce decree or marriage certificate.

**What if an attorney-in-fact is appointed in a power-of-attorney or a guardian is appointed by a court?**

To claim the death benefit on behalf of the beneficiary a complete copy of the power-of-attorney or guardianship document, including all signature pages must be submitted with the Claim Statement. John Hancock New York reserves the right to reject the claim if, in its opinion, the attorney-in-fact or guardian are acting outside the scope of their authority.

**What if I make a mistake on the claim forms, how should I make a correction?**

Draw a line through the error and insert the correct information. **You must also place your initials or signature next to the correction.**

### 3. Settlement Options

**Refer to chart on page two for further information on your settlement options.**

**Am I required to receive my money right away? Or may I continue the decedent's annuity contract as the beneficial owner?**

Please review the settlement options in the chart, and consult with a tax advisor to determine the best option based on your eligibility.

**If I don't take a Cash Settlement, will my benefits be exposed to investment risk?**

If the decedent owned a variable annuity and you elect a settlement option other than a full Cash Settlement, the value of the benefit, including any payments you receive, will be based on the investment experience of the variable investment options and will not be guaranteed as to a fixed dollar amount. The value of your benefit could go down.

**Can my money be transferred to another financial institution or alternate address?**

Each situation is different and we recommend that you contact one of our claims case managers by telephone at 1-877-543-2363 to discuss whether or not a transfer option is available.

**What is the date of maturity and what is the significance?**

This date signifies when annuity payments are scheduled to begin and the contract transitions from the accumulation phase to the payout phase. This is often referred to as the annuitization phase. For additional questions regarding contract maturity, visit us at [www.jhannuities.com](http://www.jhannuities.com) or contact us directly.



## Beneficiary Claim Statement—New York Nonqualified

**IMPORTANT:** The determination of the death benefit will be made on the date John Hancock New York receives an original death certificate as well as all required claims forms from all Beneficiaries. No one is entitled to the death benefit until this time. A photocopy of the death certificate is acceptable if the total death benefit of all annuity contracts owned by the decedent is less than \$100,000 and the death certificate was issued in the U.S. or Canada.

Please read these forms carefully and complete all applicable sections.

### 1 Contract Information

Annuity Contract Number: \_\_\_\_\_ Deceased's Name: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

### 2 Settlement Options

**SELECT ONE SETTLEMENT OPTION ONLY.**

Your selection cannot be changed. All options may not be available to all Beneficiaries. Please read the enclosed "How to Claim a John Hancock Annuity" to determine which options are available to you.

<input type="checkbox"/> <b>Cash Settlement (This is the default settlement option if no other settlement option is selected.)</b> <b>Select one option:</b> <input type="checkbox"/> <b>Mail a check to my address of record. (This is the default if no selection is made.)</b> <input type="checkbox"/> <b>Electronic Funds Transfer (EFT)</b> <b>A voided check MUST be attached to this form</b> (starter checks are not accepted). The voided check must be in the name of the beneficiary. If the beneficiary is a trust, the funds must be sent to a bank account in the trust's name. If a voided check is not provided, a check will be mailed to the address provided by the beneficiary. If my bank fails to honor such electronic deposit entries, I agree to hold John Hancock New York harmless from any loss.
<input type="checkbox"/> <b>Spousal Continuation</b> <ul style="list-style-type: none"> <li>Additional forms may be required, please refer to Page 2 of <b>How to Claim a John Hancock Annuity</b> for details.</li> </ul>
<input type="checkbox"/> <b>Extended Beneficiary Account (Nonqualified Stretch)</b> Payment must begin no later than one year from the date of death. <ul style="list-style-type: none"> <li>Additional forms are required, please refer to Page 2 of <b>How to Claim a John Hancock Annuity</b> for details.</li> </ul>
<input type="checkbox"/> <b>5-Year Beneficiary Account</b> <input type="checkbox"/> Send no money now. <input type="checkbox"/> Send \$ _____ or _____ % now.
<input type="checkbox"/> <b>Annuitization</b> Payment must begin no later than one year from date of death <ul style="list-style-type: none"> <li>Complete annuitization form.</li> </ul>

Form A

### 3 Beneficiary—Person or entity claiming the death benefit proceeds.

Spouse    Nonspouse    Trust or Estate  
 Male    Female   Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Social Security #/Tax ID# \_\_\_\_\_

Address \_\_\_\_\_  
(If mailing to a P.O. Box address, a physical street address is also required.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If you are claiming these proceeds on behalf of the beneficiary, in what capacity are you acting?

#### Please Choose Capacity

#### Additional Requirements

<input type="checkbox"/> <b>Executor</b>	▶ Submit Letters Testamentary
<input type="checkbox"/> <b>Guardian of Minor Beneficiary</b>	▶ Submit proof of guardianship
<input type="checkbox"/> <b>Trustee</b>	▶ Submit John Hancock Trustee Certification Form <b>Form D</b>
<input type="checkbox"/> <b>Custodian</b>	▶ Submit Corporate Resolution
<input type="checkbox"/> <b>Other</b> (Please explain) _____	

### 4 Please Designate New Beneficiary(ies)

Complete only if you elected to continue the contract.

New Primary Beneficiary(ies)	
<b>1</b> Name and Address _____	
Date of Birth _____ / _____ / _____   Relation to Owner _____   % of Proceeds _____	
Social Security Number _____   Phone Number _____	
<b>2</b> Name and Address _____	
Date of Birth _____ / _____ / _____   Relation to Owner _____   % of Proceeds _____	
Social Security Number _____   Phone Number _____	
New Contingent Beneficiary(ies)	
<b>1</b> Name and Address _____	
Date of Birth _____ / _____ / _____   Relation to Owner _____   % of Proceeds _____	
Social Security Number _____   Phone Number _____	
<b>2</b> Name and Address _____	
Date of Birth _____ / _____ / _____   Relation to Owner _____   % of Proceeds _____	
Social Security Number _____   Phone Number _____	

**5 Tax Withholding—If no election is made, taxes will automatically be withheld at a rate of 10%.**

Withhold \$ \_\_\_\_\_ or \_\_\_\_\_ % of taxable distribution (if any).  
(In accordance with IRS guidelines, the minimum amount withheld must equal at least 10%.)

Do not withhold any amount for federal taxes.

State withholding is also required in certain states if federal income taxes are withheld. In instances where state tax withholding is not mandatory, it may be possible to elect to have applicable state taxes withheld on a voluntary basis.

As part of the claim settlement process, it is required that each beneficiary submit an IRS Form W-9. If a beneficiary is not a U.S. citizen or U.S. resident alien, IRS Form W-8 must be submitted instead. Please refer to the instructions on Form W-9 on how to properly complete the form. You are able to obtain Form W-8 from the IRS website at <http://www.irs.gov/Forms-&-Pubs>. Please note that the claim request will be considered not in good order until each beneficiary submits a completed and signed W-9 or W-8 Form.

**6 Certification and Signature—The signature of the Beneficiary is required before processing this claim.**

**For Variable Annuity Contracts**

I understand the investment subaccounts will remain in their current allocations until the claim is settled.

If a Spousal Continuation, Extended Beneficiary Account or 5-Year Beneficiary Account in Section 2 was elected, I understand that annuity payments and other values are based on the investment experience of the variable investment options under the contract and are not guaranteed as to a fixed dollar amount.

**For All Contracts**

I understand that the contract is not FDIC or SIPC insured.

This form is provided at your request and is not to be considered as an admission of the validity of any claim, nor a waiver of any of the Companies' rights or defenses.

Any person who knowingly and with the 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.

**If you are not a U.S. citizen, U.S. resident alien or other U.S. person you must submit a Form W-8 as appropriate to your circumstances.** Please visit [www.irs.gov](http://www.irs.gov) to download a Form W8. If you are a U.S. Citizen, U.S. resident alien or other U.S. person a Form W-9 is required prior to processing this claim.

Print Name of Beneficiary \_\_\_\_\_

**SIGN HERE** Signature of Beneficiary \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Title \_\_\_\_\_

Print Name of Beneficiary \_\_\_\_\_

**SIGN HERE** Signature of Beneficiary \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Title \_\_\_\_\_

Print Name of Beneficiary \_\_\_\_\_



**SIGN HERE** Signature of Beneficiary \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Title \_\_\_\_\_

**NOTE: If you are signing on behalf of another individual or entity, please indicate your "title," (i.e., Trustee, Executor, Guardian, Power of Attorney). If there is more than one Trustee, all must sign. If your name has changed please provide a marriage certificate or divorce decree.**

**7 Contact Information**

 **Mailing Address**  
John Hancock Annuities Service Center  
PO Box 55445  
Boston, MA 02205-5445

 **Overnight Deliveries:**  
John Hancock Annuities Service Center  
30 Dan Road, STE. 55444  
Canton, MA 02021-2809

 **Questions:**  
1-877-543-2363  
 **To Fax This Form:**  
1-617-663-3389

 [www.jhannuitiesny.com](http://www.jhannuitiesny.com)

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## Fraud Warnings

### **Alaska:**

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.

### **Arizona:**

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.

### **Arkansas:**

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.

### **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.

### **Colorado:**

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.

### **Delaware:**

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.

### **District of Columbia:**

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.

### **Florida:**

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.

### **Hawaii:**

For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Idaho:**

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.

### **Indiana:**

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.

### **Kentucky:**

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.

### **Louisiana:**

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.

### **Maine:**

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.

### **Minnesota:**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire:**

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.

### **New Jersey:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **New Mexico:**

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.

### **New York:**

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.

### **Ohio:**

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.

### **Oklahoma:**

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.

### **Oregon:**

Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

### **Pennsylvania:**

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.

### **Tennessee:**

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 and denial of insurance benefits.

### **Texas:**

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.

### **Virginia:**

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 and denial of insurance benefits.

### **West Virginia:**

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.



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# Investment Change for IPFL Termination

## Instructions

This form should only be used if the optional Withdrawal Benefit Rider elected with your annuity contract issued on or after June 27, 2011 is terminated as a result of an Ownership Change, Annuitant Change, Collateral Assignment, Annuitization, or Death Claim settlement. As a result of the Rider termination you are required to change your investment allocations.

- Please review the product prospectus for detailed information regarding trade restrictions and limitations.
- Use this form to make an investment option transfer on a one-time basis.
- A separate form must be completed for requests on any additional contracts and on death claims with multiple beneficiaries.

## 1 Contract Information

Annuity Contract #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

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

Co-Owner's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

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

Agent's Name (if applicable): \_\_\_\_\_ Agent's Phone #: \_\_\_\_\_

## 2 Investment Option Selections

Using the list below, please choose the portfolios and percentage amounts for your allocation. (Percentages must total 100%)

- |   |   |
|---|---|
| ____ % Core Strategy (JHAM <sup>1,2</sup> )             | ____ % Lifestyle Growth (JHAM <sup>1,2</sup> )      |
| ____ % Lifestyle Balanced (JHAM <sup>1,2</sup> )        | ____ % Lifestyle Growth PS (JHAM <sup>1,2</sup> )   |
| ____ % Lifestyle Balanced PS (JHAM <sup>1,2</sup> )     | ____ % Lifestyle Moderate (JHAM <sup>1,2</sup> )    |
| ____ % Lifestyle Conservative (JHAM <sup>1,2</sup> )    | ____ % Lifestyle Moderate PS (JHAM <sup>1,2</sup> ) |
| ____ % Lifestyle Conservative PS (JHAM <sup>1,2</sup> ) | ____ % Ultra Short Term Bond (JHAM <sup>1</sup> )   |

<sup>1</sup> John Hancock Asset Management a division of Manulife Asset Management (US) LLC.  
<sup>2</sup> John Hancock Asset Management (North America) a division of Manulife Asset Management (North America) Limited.

This investment change request shall be processed the business day following the date your request is processed. This applies to the following request: Owner Changes, Annuitant Changes, Collateral Assignments, Death Claim Settlements. For an Annuitization, the investment change is processed at the close of business day, which we receive this form in good order and the day prior to processing the Annuitization.

## 3 Authorization

I (or we) request John Hancock make the above changes to the specified contract, and I (or we) agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. By signing section 3, I (or we) authorize John Hancock to interpret my request in order to resolve any ambiguities, inconsistencies or omissions.

**SIGN HERE** Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGN HERE** Signature of Co-Owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGN HERE** Signature of Beneficiary (applicable for Death Claims): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4 Contact Information

**National Contracts**  
 John Hancock Annuities Service Center  
 PO Box 55444  
 Boston, MA 02205-5444  
 1-800-824-0335  
[www.jhannuities.com](http://www.jhannuities.com)

**New York Contracts**  
 John Hancock Annuities Service Center  
 PO Box 55445  
 Boston, MA 02205-5445  
 1-800-551-2078  
[www.jhannuitiesny.com](http://www.jhannuitiesny.com)

**All Contracts Overnight Deliveries**  
 John Hancock Annuities Service Center  
 30 Dan Road, STE. 55444  
 Canton, MA 02021-2809  
**To Fax This Form:**  
 1-617-663-3160

Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
John Hancock Life Insurance Company of New York, Valhalla, NY



# Trade Authorization Agreement

## Instructions

Use this form to authorize the contract owner(s) and agent of record for telephone/electronic trades among various investment portfolios within your variable annuity contract.

- A separate form should be used for requests on any additional contracts.

## 1 Information About You

Contract #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

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

Owner's Phone #: \_\_\_\_\_

Co-Owner's Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Agent's Name (if applicable): \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_

## 2 Agreement

Please note the following:

- Trade conversations may be recorded without disclosure at the time of the call.
- Trades made on instructions received by John Hancock by telephone before 4:00 PM Eastern Time\* will be made in accordance with the unit value for that day. Trade instructions received after 4:00 PM Eastern Time\* will be made in accordance with the unit value for the next valuation period. Only one set of trade instructions will be accepted per valuation period.
- Instructions may be given by calling 1-877-543-3676 on regular business days or by accessing [www.jhannuities.com](http://www.jhannuities.com) or [www.jhannuitiesnewyork.com](http://www.jhannuitiesnewyork.com)\*\*
- In the event that proper identification is not provided, John Hancock reserves the right to refuse to act on trade instructions.
- All trades made in accordance with instructions received must be made within the terms of the contract. If trade instructions are not in good order, the trade will not be made and the contract owner will be notified within 48 hours.
- At the time trade instructions are given, the allocation to apply to future payments must be confirmed.

\*Or the closing of the NYSE, whichever is earlier.

\*\*Some products and broker dealers do not allow internet trading.

## 3 Authorization

I/We authorize John Hancock to act on trade instructions given over the telephone/fax/written request/internet by:

- Option 1 (Default):** Myself as the Owner & Co-Owner (if applicable)
- Option 2:** Myself as the Owner & Co-Owner (if applicable) and the Agent of Record

I/We understand and agree to the following

This authorization will remain in effect until John Hancock receives written revocation from me/us or John Hancock discontinues trades by telephone. Neither John Hancock nor any person authorized by John Hancock will be responsible for any claim, loss, liability or expense in connection with a trade if John Hancock or such other person acted on trade instructions in good faith in reliance on this authorization.

By signing below you agree to accept and comply with the procedures established by John Hancock.

SIGN  
HERE

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGN  
HERE

Signature of Co-Owner: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4 Contact Information



### National Contracts

John Hancock Annuities Service Center  
PO Box 55444  
Boston, MA 02205-5444



1-800-824-0335



[www.jhannuities.com](http://www.jhannuities.com)



### New York Contracts

John Hancock Annuities Service Center  
PO Box 55445  
Boston, MA 02205-5445



1-800-551-2078



[www.jhannuitiesny.com](http://www.jhannuitiesny.com)



### All Contracts Overnight Deliveries

John Hancock Annuities Service Center  
30 Dan Road, STE. 55444  
Canton, MA 02021-2809



### To Fax This Form:

1-617-663-3160

Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
John Hancock Life Insurance Company of New York, Valhalla, NY



# Authorization to Defer Maturity Date

## INSTRUCTIONS

Use this form to defer annuitization by extending your contract's date of maturity up to age 100, subject to the terms and conditions of your contract. By extending the date of maturity your contract will remain in the accumulation phase.

## 1. POLICY INFORMATION

Contract Number: \_\_\_\_\_

Policy Owner/Custodian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Annuitant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

## 2. DEFER MATURITY

I request to defer the date of maturity of my contract. Please extend the date of maturity until the first of the month following the age 100 birthday, unless a younger age is provided below.

Alternative Age to Annuitize Contract: \_\_\_\_\_

**IMPORTANT NOTE:** Your Contract may contain limits on your ability to defer the Date of Maturity. John Hancock will provide a written confirmation of the approved Date of Maturity change to you at the address on file.

## 3. AUTHORIZATION

**All Owners Must Sign** All individual owners must sign. If the contract is owned by a trust, all trustees must sign. If the contract is owned by a corporation or other business entity, all authorized representatives must sign, and a corporate resolution (or similar) must be attached to this form.

**Power-of-Attorney** If this form is signed by an attorney-in-fact or agent appointed by an owner in a power-of-attorney, a complete copy of the power-of-attorney must be attached to this form (unless previously submitted). In addition, if the power-of-attorney was executed more than **24** months prior to John Hancock's receipt of this form, the attorney-in-fact must also submit our Power of Attorney Affidavit and Indemnification Form.

**Guardians and Conservators** If this form is signed by the guardian or conservator of a contract owner, a complete copy of the court appointment must be attached to this form (unless previously submitted). John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect.

**AUTHORIZATION** I (or We) request John Hancock make the above changes to the specified contract, and I (or We) agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. I (or We) also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

I understand that Maturity Dates that occur when the annuitant is at an advanced age, e.g., past age 90, may have adverse tax consequences.

### OWNERS (ALL MUST SIGN):

Signature of Owner (or Trustee): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Joint Owner (or Co-Trustee): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. CONTACT INFORMATION



### National Contracts

John Hancock Annuities Service Center  
PO Box 55444  
Boston, MA 02205-5444



1-800-824-0335



[www.jhannuities.com](http://www.jhannuities.com)



### New York Contracts

John Hancock Annuities Service Center  
PO Box 55445  
Boston, MA 02205-5445



1-800-551-2078



[www.jhannuitiesny.com](http://www.jhannuitiesny.com)



### All Contracts Overnight Deliveries

John Hancock Annuities Service Center  
30 Dan Road, STE. 55444  
Canton, MA 02021-2809



**To Fax This Form:**  
1-617-663-3160

Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
John Hancock Life Insurance Company of New York, Valhalla, NY



# Nonqualified Extended Beneficiary Account Election Form

NQEBF

This form is for initiating an extended beneficiary settlement option



### National Contracts

John Hancock Annuities Service Center  
PO Box 55444  
Boston, MA 02205-5444



1-877-543-2363



[www.jhannuities.com](http://www.jhannuities.com)



### New York Contracts

John Hancock Annuities Service Center  
PO Box 55445  
Boston, MA 02205-5445



1-877-543-2363



[www.jhannuitiesny.com](http://www.jhannuitiesny.com)



### All Contracts Overnight Deliveries

John Hancock Annuities Service Center  
30 Dan Road, STE. 55444  
Canton, MA 02021-2809



**To Fax This Form:**  
1-617-663-3389

**1**

Annuity Contract Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Social Security #/Tax ID#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2**

All distributions are processed on a prorated basis.

- Monthly (default)
- Quarterly (Jan–April–July–Oct)
- Semi-Annually
- Annually

**Distributions must begin within one year of the deceased's date of death.** Distributions must continue uninterrupted for the life of the contract.

Start distribution on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy).

(Please select a day of the month between the 1st and the 28th.)

**If no distribution date is selected, the effective date of the distribution will be the next business day after this form and all required claim documents are received in good order.**

**3**

If no option is selected, John Hancock will automatically withhold 10% for federal taxes. State withholding is required in certain states if federal income taxes are withheld.

- I do not want to have federal income tax withheld.
- Please withhold 10% for federal income tax.
- Please withhold \$\_\_\_\_\_ or \_\_\_\_\_%.

### Delivery Options—Please select 1 or 2

- 1**  Mail to address of record (default)
- 2**  Electronic Funds Transfer (EFT)\*\*

#### \*\*For Electronic Funds Transfer (EFT)

A voided check or deposit slip **MUST** be attached to this form (starter checks are not accepted). The voided check must be in the name of the beneficiary. If the beneficiary is a trust, the funds must be sent to a bank account in the trust's name. If a voided check or deposit slip is not provided, a check will be mailed to the address provided by the beneficiary. If my bank fails to honor such electronic deposit entries, I agree to hold John Hancock harmless from any loss.

**4**

I hereby certify the information on this form is correct and accurate and that I have read and understand this form. I also authorize John Hancock to make the withdrawal in accordance with my designation noted on this form.

John Hancock is not responsible for monitoring the distributions that must be made from this account. I agree to hold John Hancock harmless from any and all liability that may arise from my failure to continue the required distributions.

**SIGN  
HERE**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
John Hancock Life Insurance Company of New York, Valhalla, NY

Form B





# Trustee Certification

## 1 Trust Information

Annuity Contract Number: \_\_\_\_\_

Name of Trust: \_\_\_\_\_

Date of Trust \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City and State Signed \_\_\_\_\_

Tax ID# \_\_\_\_\_

**The agreement creating the above Trust as amended, is referred to herein as the "Trust Agreement."**

## 2 Trustee Certification and Indemnification

The undersigned Trustee(s) of the Trust named above represent, warrant, and certify that the representations made in this certification are true, complete, and accurate, that the Trust is in full force and effect, and that the Trust Agreement (as defined above) has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification to be inaccurate or incorrect.

John Hancock will rely on this certification and will not be held liable for any act taken by it pursuant to and reliant upon this certification and upon the representations made herein unless and until it receives a written Trust amendment, written notice of changed Trustee(s), or any amendment or modification to the Trust Agreement which would cause the representations contained in this certification to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Trust's revocability, the Trustee powers, or any representations made in this certification. The undersigned Trustee(s) hereby individually, jointly, and severally indemnify John Hancock and each of its affiliated officers, directors, employees, and agents from and hold such persons harmless against any claims, losses, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including but not limited to attorney fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Trustee's instructions in connection with the annuity owned by the Trust.

This indemnification is made by the undersigned Trustee(s) both in their capacities as Trustees and in their individual capacities, and shall not be limited by the Trustee's provision to John Hancock of independent documentation concerning the representations made herein.

## 3 Trustee(s) Signature **If there is more than one Trustee, all Trustees must sign.**

As of the date of this certification the Trustee(s) below are and continue to be all of the Trustees of the Trust.

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.

Signed and sworn under the penalties of perjury. I/We certify that the information contained in this Trustee Certification is true, correct, and complete.

SIGN HERE

Trustee's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGN HERE

Trustee's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGN HERE

Trustee's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
John Hancock Life Insurance Company of New York, Valhalla, NY**



AS THE BENEFICIARY OF A JOHN HANCOCK ANNUITY...

BE *ready* FOR THE NEXT STEP



While your Claim Kit presents the death benefit options available to you, there's a lot of material to go through — and we know this can be a difficult time. The good news is you don't have to do it alone.

At John Hancock, we have a team of dedicated service professionals who can review your options with you, answer any questions you may have and even put you in touch with a financial advisor at our John Hancock Financial Center\* if that fits your situation.

Call John Hancock Annuity Claims at [1-877-543-2363](tel:1-877-543-2363) to get started.

## THE POWER OF PROFESSIONAL GUIDANCE

For some people, working with a financial advisor can help you develop a solid strategy for achieving your important goals — including settling your annuity claim in a way that fits your financial situation. If you're not currently working with a financial advisor, you may want to consider the advantages of doing so.

A financial advisor can help you maintain perspective while reducing the emotional challenges of making financial or investment choices. An advisor can help you articulate your financial goals, and formulate a roadmap to help you achieve them. The process may include:

- **Recommending death benefit options that are consistent with your strategy**
- **Building an asset allocation approach that is suitable for your specific goals, time horizon and comfort with risk**
- **Monitoring your progress**
- **Recommending appropriate updates as your needs change**

Call John Hancock Annuity Claims today  
at 1-877-543-2363 to talk about your next steps.

The John Hancock logo is written in a white, elegant cursive script on a green background.

\*To consult with a John Hancock Financial Center advisor, a minimum \$50,000 contract balance is required.

Registered Representative/Securities and Investment Advisory Services are offered through Signator Investors, Inc. Member FINRA/SIPC, a Registered Investment Adviser. Offering John Hancock Insurance Products, 601 Congress Street, Boston, MA 02210, 1-888-955-5432.

JHFC 1343:0615 4946-20150528-235271



## Important State-Specific Information

### **New Jersey**

If the decedent was a resident of New Jersey at the time of his or her death and the beneficiary is not the decedent's spouse, information regarding death claim payments is being supplied to the state pursuant to the requirements of the New Jersey Division of Taxation, and it is the position of the New Jersey Division of Taxation that a beneficiary or beneficiaries may be personally liable for any and all inheritance and/or estate taxes until paid.

To learn more about this requirement, please contact the **New Jersey Division of Taxation's Taxpayer Customer Service Center** at (609) 292-6400 or, visit the **Division of Taxation's** website at [www.nj.gov/treasury/taxation](http://www.nj.gov/treasury/taxation).

### **Ohio**

If the decedent was a resident of Ohio at the time of his or her death and the date of death was prior to January 1, 2013, the Ohio Estate Tax form is required. This form must be filled out and forwarded to the county auditor for approval. Once approved, the form must be returned to John Hancock with the required claim forms. This form is not required when:

1. The beneficiary is the surviving spouse
2. The date of death value is \$25,000 or less, regardless of beneficiary
3. The date of death is on or after January 1, 2013.

If you have any questions regarding the Ohio Estate Tax Form please contact **the Ohio Department of Taxation at (800) 977-7711 or at [www.state.oh.us/tax/](http://www.state.oh.us/tax/)**.

### **Oklahoma**

If the decedent was a resident of Oklahoma at the time of his or her death, and if the amounts payable by reason of his or her death add up to \$2,500 or more, the Company is required upon receiving notice of the death to file an information return with the Oklahoma Tax Commission giving details of the contract or contracts covering the decedent and the amounts payable. John Hancock will only file the information return with the Oklahoma Tax Commission when the deceased's date of death was prior to January 1, 2010.

### **Rhode Island**

If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to \$50,000 or more.

### **Tennessee**

If the decedent was a resident of Tennessee at the time of his or her death, information regarding death claim payments will be supplied to the state pursuant to the requirements of Tennessee law.

### **Louisiana**

If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is nonqualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary

**For more information please contact a qualified tax advisor**