

Aurora National Life Assurance Company
PO Box 4336, Clinton, IA 52733-4336

This form should be completed by the payee to initiate benefit payments upon the death of a Participant covered under the group contract. Any certificate issued to the Participant must be returned with this form if the certificate is available. Please return to: *Aurora National Life Assurance Company, P.O. Box 6, 2, , I*, *ATTN: Client Services.*

NAME OF PLAN	DATE
	/ /

The following items are required for all claims:

- A copy of the death certificate showing cause of death.
- This claim form completed and signed by the claimant(s).

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special instructions and additional requirements may apply.

- If the beneficiary is the Estate of the Insured, we will also require evidence of the court appointed legal representative over the estate. Please provide the Tax ID number of the Estate of the Insured.
- If the beneficiary is a trust, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- If the beneficiary is a minor, we will require evidence of court appointed guardianship of the Minor's Estate.
- If the contract is collaterally assigned, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- If the primary beneficiary(ies) is (are) deceased, we will require a death certificate for each deceased beneficiary.
- If the contract has a split dollar agreement associated with it, we will require a copy of said agreement.
- Spousal Continuation and Five Year Deferrals – t

claimant in 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.

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.

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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.

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

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.

See the Fraud Information section of this claim form.

Signature of Claimant and Title

Date

Signature of Second Claimant, if any, and Title

Date

State of _____)

County of _____) ss.

On _____, before me, _____, Notary
Public, personally appeared _____ personally
known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are

TRUSTEE CERTIFICATION

COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.

Please include a copy of the trust agreement, including the signature page(s) and any amendments.

I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification.

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):

____ 1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal tax purposes.

____ 2. The GST tax does not apply because the GST tax exemption will offset the GST tax.

____ 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.

____ 4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)

____ 5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Name of Trust	Date of Trust Agreement
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Date of all Amendments	Trust Tax ID Number
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NOTARIAL ACKNOWLEDGMENT

State of _____)

County of _____) ss.

On _____, before me, _____, Notary Public, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they/ executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),

Or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

(SEAL)