

Claimant Statement Form—Term Life Insurance

Use this form to complete the settlement of your inherited term life insurance policy. If you need more room for information or signatures, use a copy of the relevant page.

Helpful to Know

- Each claimant must submit their own Claimant Statement Form. To process settlements on multiple policies, submit a separate form for each policy.
- If you are claiming the proceeds as the **trustee** of a trust, you will need to provide a copy of the trust agreement pages that provide the:
 - trust name
 - trust date
 - names of trustee(s) and trustee signature(s)
- If you are claiming the proceeds as an executor of an estate, you will need to provide the letters testamentary or administration.
- If you are claiming the proceeds on behalf of the beneficiary, you will need to provide additional paperwork. See Section 2 for details.

1. Information about the Insured

Name (First, Middle, Last)		Policy Number
Date of Death MM DD YYYY	Date of Birth MM DD YYYY	Place of Birth (City, State)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Occupation
		Date last worked MM DD YYYY

Residence Address

Address			
City	State/Province	ZIP/Postal Code	Country

2. Information about the Beneficiary (Person who will receive the proceeds.)

U.S. Social Security or Taxpayer ID Number	Name of Individual or Trust/Estate Name		
Date of Birth/Trust Date MM DD YYYY	Mobile Phone	Secondary Phone	
Email			
Relationship to Insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: (Please specify)			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Residence Address

Address			
City	State/Province	ZIP/Postal Code	Country

Information about the Beneficiary continues on the next page. ►►



Additional Information Skip to Section 3 on the next page if you are the beneficiary.

Complete this section only if you are claiming these proceeds on behalf of the beneficiary.

I am filing on behalf of the beneficiary as:

- Power of Attorney, Complete the Durable Power of Attorney—Affidavit and Indemnification, Life Insurance form and include a fully executed durable power of attorney document.

3. Trustee(s)/Executor(s) Skip to Section 4 if beneficiary is not a Trust/Estate. All trustees/executors must sign in Section 6.

Trustee/Executor

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

First Name	M.I.	Last Name	Social Security or Taxpayer ID Number
Date of Birth MM DD YYYY	Mobile Phone	Secondary Phone	
Email			

Legal/Residential Address

Provide the address used for tax reporting. Cannot be a PO box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address

- Same as legal/residential address ▷ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

Additional Trustee/Executor ▷ Skip to Section 4 on the next page if you are NOT naming an additional trustee/executor.

Mobile phone number and email are required for account security, transactional alerts and delivery of other communications.

First Name	M.I.	Last Name	Social Security or Taxpayer ID Number
Date of Birth MM DD YYYY	Mobile Phone	Secondary Phone	
Email			

Legal/Residential Address

Provide the address used for tax reporting. Cannot be a PO box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address

- Same as legal/residential address ▷ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

Form continues on the next page. ▶▶



4. Payment of Proceeds

To complete processing, one copy of the death certificate per policy is required. I hereby request payment of the proceeds due to me as beneficiary of the policy referenced in Section 1 in accordance with its terms. I understand that any interest paid on the proceeds of this claim may be taxable. I understand that Fidelity Investments Life Insurance Company is discharged from all other obligations under the policy and that the policy is of no further force or effect.

- Deposit directly into a Fidelity nonretirement account. *Note that distributions to a brokerage account will be deposited to the core position only.*

Fidelity Nonretirement Account Number	Fidelity Fund Name or Symbol <i>Mutual fund accounts ONLY.</i>

- Check *Mailed to residence address in section 2.*

5. Authorization to Obtain and Disclose Information Required when policy was issued or reinstated within two years of Insured's death or as deemed necessary by the company.

<p>Those who may release the information include:</p> <ul style="list-style-type: none"> • Licensed physician, medical practitioners, medical examiners, coroners, hospitals, clinics, or other related facilities and suppliers • Banks and other financial institutions • Present or former employers • Insurers • Personal or business associates • Consumer reporting agencies • Educational institutions • Law enforcement and other government agencies • Family members, relatives, and neighbors 	<p>The nonmedical information which may be released includes all information about the Patient's or Insured's past and present:</p> <ul style="list-style-type: none"> • Personal characteristics • Employment • Reputation • Avocations • Driving • Aviation • Insurance • Mode of Living • Habits • Finances • Law enforcement, court, and military records • Any business associated with a policy(ies) to which the claim(s) relates
<p>Those who may receive the information include:</p> <ul style="list-style-type: none"> • The company • Its agents, brokers, and reinsurers • Consumer reporting agencies, private agencies, or legal counsel that have been requested to collect information by it 	<p>I also authorize the Company to disclose all such information to:</p> <ul style="list-style-type: none"> • Reinsurers that have assumed part of the risk on the policy(ies) to which the claim relates • Others that perform business or legal services in connection with the claim(s) or as otherwise authorized or required by law
<p>The medical and health information which may be released includes:</p> <ul style="list-style-type: none"> • Information about each physical or mental or drug or alcohol condition for which the patient or Insured has been examined, treated, or placed under observation • Reports of medical examiners and coroners 	

I authorize the release, as indicated above, of all medical, health, and nonmedical information about the following named Insured:

Print Name of Insured	Date of Death <i>MM/DD/YYYY</i>
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I understand that this authorization is needed so that the Company, its reinsurers, and those who perform business or legal services may obtain and use such information to evaluate eligibility for benefits under the policy(ies) to which the claim(s) relates and to administer the policy(ies) with respect to such claim(s).

I understand that on demand the Company will give a true copy of this signed form to me.

I agree that this signed form shall remain in effect for the duration of the claim(s). I also agree that the Company, by using the authorization to obtain information, represents that the duration of the claim(s) has not expired.

I agree that a photocopy of this authorization is as valid as the original.

Beneficiary Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

Form continues on the next page. ▶▶

6. Signature(s) and Date All beneficiaries or authorized individuals must sign and date.

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form and that any benefits due to you will be paid under this Claimant Statement.
- Certify that all trustees of the trust are named in Section 3 of this form and that the terms of the trust authorize each to exercise ownership rights under the policy.
- Certify that all information you provided is correct to the best of your knowledge.
- Understand that each trustee/executor can act independently in relation to this policy.
- Understand that Fidelity Investments will honor this Claimant Statement according to the terms and conditions of the original policy.

If you are a U.S. person for tax purposes, you:

- Certify under penalties of perjury that you are a U.S. person (including a U.S. resident alien or other U.S. person as defined in the instructions to IRS Form W-9) and the Social Security or Taxpayer Identification Number provided is correct (or that you are waiting for a number to be issued to you).

If the Internal Revenue Service (IRS) has notified you that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return, CROSS OUT all the bracketed text at right.

- Certify under penalties of perjury that you are not subject to backup withholding because any of the following applies:

- You are exempt from backup withholding.
- You have not been notified by the IRS that you are subject to backup withholding as a result of a failure to report all interest or dividends.
- The IRS has notified you that you are no longer subject to backup withholding.

If you are not a U.S. person for tax purposes:

- You are submitting the applicable Form W-8 with this form to certify your foreign status and, if applicable, claim tax treaty benefits.

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

Important:

- To complete processing, one copy of the death certificate per policy is required.
- A **medallion signature guarantee** is required next to your signature below.
- You can get a **medallion signature guarantee** from most banks, credit unions, and other financial institutions. A notary seal/stamp is NOT a signature guarantee.

Fraud Notice for New York Residents:

New York: "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, and shall also be subject to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation."

Print Beneficiary/Trust/Executor/Authorized Individual Name	
Beneficiary/Trust/Executor/Authorized Individual Name Signature Date MM DD YYYY	
SIGN	▶

▼ **MEDALLION SIGNATURE GUARANTEE** ▼

Print Beneficiary/Trust/Executor/Authorized Individual Name	
Beneficiary/Trust/Executor/Authorized Individual Name Signature Date MM DD YYYY	
SIGN	▶

▼ **MEDALLION SIGNATURE GUARANTEE** ▼

For individual providing signature guarantee *Providing this information will avoid delay or rejection of this request.*

Guarantor Name	Phone	Extension

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7. State Fraud Notices

BELOW ARE STATE FRAUD NOTICES THAT APPLY **ONLY** IN CERTAIN STATES. PLEASE READ THE FOLLOWING NOTICES CAREFULLY TO SEE IF ANY APPLY IN YOUR STATE:

<p>Alabama: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof."</p>	<p>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."</p>
<p>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."</p>	<p>Florida: "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 in the third degree."</p>
<p>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 the payment of a loss is subject to criminal and civil penalties."</p>	<p>Idaho: "Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony."</p>
<p>Arkansas, Louisiana, and Rhode Island: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison."</p>	<p>Indiana: "Any 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."</p>
<p>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 a state prison."</p>	<p>Kentucky: "Any person who knowingly, and with intent to defraud any insurance company or other person files a statement of claim or application 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."</p>
<p>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."</p>	<p>Maine, Tennessee, Virginia, and Washington: "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 denial of insurance benefits."</p>
<p>Delaware: "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."</p>	<p>Maryland: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison."</p>
<p>Massachusetts: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison."</p>	<p>Ohio: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud."</p>

State Fraud Notices continues on the next page. ►►



<p>Minnesota: "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."</p>	<p>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."</p>
<p>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 N.H. Rev. Stat. Ann. § 638:20."</p>	<p>Pennsylvania: "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 and subjects such person to criminal and civil penalties."</p>
<p>New Jersey: "Any person who knowingly files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties."</p>	<p>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."</p>
<p>New Mexico: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."</p>	<p>West Virginia: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison."</p>

<p>Did you sign the form? Send the ENTIRE form to Fidelity Investments. Questions? Call 800-544-4374.</p>	<p>Regular Mail Life Insurance Service Center PO Box 770001 Cincinnati, OH 45277-0050</p>	<p>Overnight Mail Fidelity Investments 100 Crosby Parkway, KC2Q Covington, KY 41015</p>
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Fidelity insurance products are issued by Fidelity Investments Life Insurance Company (FIL), and, in New York, by Empire Fidelity Investments Life Insurance Company®, New York, N.Y. FIL is licensed in all states except New York. Other insurance products available at Fidelity are issued by third-party insurance companies, which are not affiliated with any Fidelity Investments company. A contract's financial guarantees are subject to the claims-paying ability of the issuing insurance company.

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.

Fidelity Brokerage Services LLC, Member NYSE, SIPC. 1022080.5.0 (06/25)

