

AMERUS

Life Insurance Group

AmerUs Life Insurance Company • 800/800-9882
611 Fifth Avenue, Des Moines, Iowa 50309
 Indianapolis Life Insurance Company • 800/428-7031
P.O. Box 14590, Des Moines, Iowa 50306

Life Claim Form Statement of Beneficiary

Deceased's Name _____ Deceased's Date of Birth _____

Date of Death _____ Cause of Death _____

Life Policy Numbers: _____

Please elect one of the following Modes of Settlement.

_____ Pay Proceeds Under Settlement Option (Please state type of settlement desired) _____

_____ Pay as a Lump Sum

ProAsset Account (Once this claim has been approved, the proceeds, if \$10,000 or more, will be automatically placed into a ProAsset Account, which is an interest-bearing account providing immediate access to the claim proceeds.) This is only available if the policyowner has not already elected a settlement option. This option is not available in the state of Washington.

SEND TO: Agent Agent's code _____ Beneficiary

Important Tax Information - Under the Federal Income tax law, we are required to request that you (as payee) provide the AmerUs Life Insurance Group (as payor) with your correct Social Security number or Taxpayer Identification Number.

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 either because 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 the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item (2) above if the IRS has notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

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

By signing this form I certify that after a careful and diligent search the policy whose number is listed on this form has been either lost or destroyed and I agree to indemnify and hold the Company harmless and free from all claims, suits or other actions that may arise if the original policy is ever found; and to reimburse the Company for all costs and expenses of every kind and character, including but not limited to attorney fees, which the Company may be obligated to incur in the event the policy is found and another claim is presented under it or **THE POLICY IS ENCLOSED.**

FOR RESIDENTS OF ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, HAWAII, IDAHO, INDIANA, KENTUCKY, LOUISIANA, MAINE, MINNESOTA, NEW HAMPSHIRE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE, TEXAS, VIRGINIA - REQUIRED NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FLORIDA RESIDENTS - REQUIRED NOTICE: 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.

NEW JERSEY RESIDENTS - REQUIRED NOTICE: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS - REQUIRED NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and 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.

Signature of Beneficiary	Date	Address
Please Print Name	Relationship	City State Zip
SS# / Tax ID # of Beneficiary	Date of Birth	(Area Code) Phone Number

All of the preceding answers and statements are true and complete and correctly recorded.

STATE OF _____

COUNTY OF _____

This Life Claim Form Statement of Beneficiary was acknowledged and signed before me
this _____ day of _____, 20____, by _____.

(Signature of Notary) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

INSTRUCTIONS TO FILE A CLAIM UNDER YOUR LIFE POLICY

No one need employ any person to help collect insurance proceeds from the AmerUs Life Insurance Group, nor need anyone incur expense, except to pay the customary charges required to comply with these instructions. Please see that the instructions are carefully read and understood by the person or persons who are required to answer the questions contained therein.

In ordinary cases, the proofs of death required are as follows:

1. Life Claim Form must be made by the person or persons to whom the insurance is payable. If there is more than one beneficiary, a separate form will be furnished for each upon request.
2. Certified Copy of the Death Certificate
3. Policy (s)

Read the Important Tax information Section and fill in your correct Social Security Number (SSN) or Taxpayer Identification Number (TIN). PAYMENT CANNOT BE MADE WITHOUT YOUR SSN OR TIN.

BENEFICIARY IS THE ESTATE - the Executor or Administrator of the Estate must sign Statement. A certified copy of the letters testamentary or letters of administration issued by the probate court must be provided.

BENEFICIARY IS A MINOR - Legal Guardian must complete Life Claim Form and certified copy of Letters of Guardianship must be furnished.

BENEFICIARY PREDECEASED THE INSURED - death certificate for Beneficiary must be furnished.

TESTAMENTARY TRUST: When proceeds are payable to the trustee named in the insured's will, this Statement must be signed by the trustee. A certified copy of the Probated Will must be submitted with this Statement.

INTER VIVOS TRUST: When the proceeds are payable to the trustee of an inter vivos trust, this Statement must be signed by the trustee. A certified copy of the trust must be submitted with this Statement.

BENEFICIARY INCLUDES UNNAMED CHILDREN OR OTHERS OF A CLASS - sworn statement must be furnished giving names and dates of birth of each. If any have died, the statement must give the date and place of death. This statement must be made by a disinterested third party.

COLLATERAL ASSIGNEE ON A POLICY - Affidavit of Indebtedness must be completed by the assignee and approved by the Beneficiary. A TIN must be provided for the Assignee.

When an inquest or an official inquiry as to the death has been held, a certified copy of the coroner's verdict or official finding may be requested with this statement.

Every question must be distinctly and fully answered. The Company reserves the right to require or to obtain further information should it be deemed necessary. The furnishing of this form is neither an admission of liability by the Company nor a waiver of any of its rights or defenses.

EACH BENEFICIARY MAY ELECT A SETTLEMENT OPTION ONLY IF THE POLICY OWNER MADE NO CONTRARY ELECTION.

The following settlement options may be available to you. Should you wish to elect one, please contact our office for details.

1. Equal installments for a specific period
2. Equal installments for a specific amount
3. Equal installments for life with a specific number of years guaranteed
4. Leave proceeds at Interest