CLAIMANT STATEMENT

Reassure America Life Insurance Company

Mailing Address
P. O. Box 1207
Jacksonville, IL 62651-1207

Proof of Loss Part I

INSTRUCTIONS

The following items are required for all claims:

- O An original **certified death certificate** showing the cause of death. Photocopies are not acceptable.
- O The original policy or, if unavailable, an explanation provided in Decedent Information section, space 4 of this form.
- O This claim form completed by the claimant(s).

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years, then we will also require the following:

- O Doctor's Statement completed by the Primary Care Physician of the Insured.
- O Authorization for the Release of Information completed by the Personal Representative or Executor of the Insured's Estate.

Special Instructions and additional requirements may apply.

- **If the beneficiary is a named individual,** please complete this claim form and return it to us with the original policy and death certificate.
- **If the beneficiary is the Estate of the Insured,** we will require original certified Letters of Administration as issued by the court of jurisdiction naming the Executor or Administrator.
- **If the beneficiary is a trust,** we will require a copy of the trust agreement and any amendments, including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.
- **If the beneficiary is a minor,** we will require an original certified Letters of Guardianship for the Minor's Estate.
- **If the policy is collaterally assigned,** we require a letter from the collateral assignee stating the amount of indebtedness.
- **If the primary beneficiary(ies) is (are) deceased,** we will require a death certificate for each deceased beneficiary.
- **If the death occurred outside of the United States,** we will require a foreign death questionnaire and the Report of the Death of an American Citizen Abroad (please contact us if applicable).
- **If the policy has a split dollar agreement associated with it,** we will require a copy of said agreement.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CLAIMANT STATEMENT

FRAUD INFORMATION

For Residents of California: For your protection California law requires the following notice 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.

For Residents of 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.

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

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

For Residents of 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.

For Residents of Kentucky, Ohio and 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.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to two (2) years.

For Residents of 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 include imprisonment, fines and denial of insurance benefits.

Notice For Residents of All Other States: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

CLAIMANT STATEMENT

DECEDENT INFORMATION

1. Name of Deceased (Last, First Middle)

2. Was the insured known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias? In the event that the insured was known by any other names, please provide them below.

3. Policy Number(s)	4. If policy lost or not available, please explain
5. Deceased's Date of Birth / 6. Place of Birth	7. Date of Death
8. Cause of Death	9. Natural O Accidental O Suicide O Homicide O Pending O

10. If the cause of death was other than natural, please describe the circumstances to the best of your knowledge. Use a separate page if necessary. Attach newspaper clippings, if available.

11. Name, address, and phone number of personal physician.

12. List the name of other life insurance carriers and the amount in force.

CLAIMANT INFORMATION

13. Claimant Name (Last, First Middle. If trust, please list trust name and complete Trustee Certification section)

14. Mailing Address including City, State, and Zip			15. Daytime Phone Number
16. Date of Birth	17. Age	18. Social Security or Tax ID Number	19. Relationship to Deceased

20. In what capacity do you file this claim? (Please check one) O Individual O Executor of Estate O Trustee O Other_____

21. Are you a U.S. Citizen? O Yes O No.
If "No." please list country of citizenship_____

CLAIMANT INFORMATION (to be completed by 2nd claimant, if any)

22. Claimant Name (Last, First Middle. If trust, please list trust name and complete Trustee Certification section)

23. Mailing Address including City, State, and Zip			24. Daytime Phone Number
25. Date of Birth	26. Age	27. Social Security or Tax ID Number	28. Relationship to Deceased

29. In what capacity do you file this claim? (Please check one) O Individual O Executor of Estate O Trustee O Other_____

30. Are you a U.S. Citizen? O Yes O No
If "No." please list country of citizenship_____

CLAIMANT STATEMENT

KEEPSAFE ACCOUNT

If you are eligible and a settlement option has not been selected, we will credit a Keepsafe Account with the amount of the proceeds unless you indicate otherwise below. The Keepsafe Account is an interest bearing draft account that provides immediate access to the funds in the account. Please note: This option is not available to claimants in Alaska, Arkansas, Colorado, Florida, Kansas, Michigan, Nevada, North Carolina, North Dakota, and South Carolina. Eligibility requirements apply.

Important Information About the USA PATRIOT Act
To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank.

This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS).

Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 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 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. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

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.

For Residents of 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.

For Residents of All Other States: See the Fraud Information section of this claim form.

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

Signature of Claimant and Title _____ Date _____

Signature of Second Claimant, if any, and Title _____ Date _____

CLAIMANT STATEMENT
TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

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.

Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT

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 estate 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
Date of all Amendments	Trust Tax ID Number

Printed Name of Trustee(s)	Signature(s)
a_____	_____
b_____	_____
c_____	_____
d_____	_____