

**Genworth Life Insurance Company**

Administered by RiverSource Life Insurance Company  
829 Ameriprise Financial Center  
Minneapolis, MN 55474

# Death Claim Statement

Policy Number

- For questions regarding the completion of this form, call our office at 1-800-422-3542.
- Each beneficiary must complete a separate form.
- This form can be returned by mail or faxed to 612-547-1678.

## Part 1 Contract Information

Deceased's Full Name	State of Residence	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 2 Beneficiary/Claimant Information

USA PATRIOT Act Notice: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including your name, address, date of birth, and other information that will allow us to verify your identity.

**Proceeds will be paid to the claimant in a lump sum and a check will be mailed to the mailing address (if different than physical address) below.**

Beneficiary/Claimant Name:

- Individual: Provide beneficiary/claimant's full name
- Estate: Completed as "The Estate of..."
- Trust: Provide the name of the trust
- Minor: Provide minor's full name
- Entity (corporation, partnership, etc.): Provide name of entity

Beneficiary/Claimant Name	Taxpayer Identification Number*	
<input type="text"/>	<input type="text"/>	
Relationship to Deceased	Date of Birth (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	
Citizenship (Select one): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien ( <i>complete IRS Form W-8BEN</i> )		
Gender: <input type="radio"/> Male <input type="radio"/> Female		
Physical Address - Required (PO Boxes will not be accepted)	Phone Number	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different than physical address)		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*If the claimant is an irrevocable trust or estate, it must have its own Employee Identification Number (EIN) according to IRS Revenue Ruling 84-73 and Reg. section 301.6109-1. If an EIN is not provided, submit a separate IRS Form W-9 for the trust or estate.

**If a fiduciary is acting on behalf of the claimant, complete the information below and provide the following:**

- Estate: Certified letters of appointment/testamentary. If the TIN identified on Page 1 is not specific to the Estate, also complete IRS Form W-9.
- Trust: Photocopy of the trust pages identifying the trust name, type, date, named trustee(s), named successor trustee(s) and signature page. If the EIN is not specific to the Trust, also complete IRS Form W-9.
- Minor: Name of custodial parent and state (if claiming as UTMA) or court appointed legal guardian.
- Entity: Corporate/Entity resolution or list of authorized signers.

Fiduciary Name	Date of Birth (MMDDYYYY)	Taxpayer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiduciary Name	Date of Birth (MMDDYYYY)	Taxpayer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 4 W-9 TIN Certification - MUST BE COMPLETED**

The TIN Certification below pertains to the Taxpayer Identification Number entered in Part 2.

**Check appropriate box for federal tax classification (required):**

- |   |   |
|---|---|
| <input type="radio"/> <b>Individual/Sole proprietor Corporation</b> | <input type="radio"/> <b>Partnership</b>                                      |
| <input type="radio"/> C-Corporation                                 | <input type="radio"/> <b>Trust</b>  |
| <input type="radio"/> S-Corporation                                 | <input type="radio"/> Revocable (Optional Additional Trust Details)           |
| <b>Limited Liability Company (LLC)</b>                              | <input type="radio"/> Irrevocable (Optional Additional Trust Details)         |
| <input type="radio"/> C-Corporation                                 | <input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details) |
| <input type="radio"/> S-Corporation                                 | <input type="radio"/> <b>Estate</b>   |
| <input type="radio"/> Partnership                                   | <input type="radio"/> <b>Other</b> <input type="text"/>                       |

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Check here if new owner is an Exempt Payee (defined in form W-9 instructions) **Exempt Payee code:**   
See IRS instructions for Form W-9 for exempt payee codes.

**Foreign Account Tax Compliance Act Reporting**

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.  
As used below, the word "I" refers to the new owner who is the taxpayer on the account.

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number, 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:**

As used below, the word "You" refers to the new owner who is the taxpayer on the account.

Check this box 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.

**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).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on [irs.gov](http://irs.gov).

**Part 5 Authorizations and Acknowledgements (Notarized Signatures Required)**

- The undersigned hereby makes claim to the proceeds of said insurance policy with Genworth Life Insurance Company (Company). Claimant agrees that the written statements, affidavits and all other papers required by the Company shall constitute and be made a part of these proofs of death. Claimant further agrees that the furnishing of this form (or any other subsequent forms/documents) by the Company shall not constitute nor be considered an admission by the Company that there was any insurance policy in force nor a waiver of any of its rights or defenses, nor stop it in any way.
- Payment of the death proceeds must be approved by RiverSource Life.
- I hereby declare that I have read the appropriate fraud warning on this form and all statements given herein are true and complete to the best of my knowledge and belief.
- The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.
- **I have read, understand, and agree to each of the items above and I certify that all of the information I have provided above regarding this distribution request/claim is true and accurate to the best of my knowledge.**

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

Claimant's Signature

Date (MMDDYYYY)

X

**Notarization**

State of : \_\_\_\_\_

County of : \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
*Month, Date Yr Name of Claimant*

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_
- whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

Date (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

\_\_\_\_\_

Mail the completed requirements within 24 hours of the date signed to:  
RiverSource Life Insurance Company  
829 Ameriprise Financial Center  
Minneapolis, MN 55474

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## STATE FRAUD WARNING NOTICES

**Alabama Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska Fraud Warning:** 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 Fraud Warning:** 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, Rhode Island and West Virginia Fraud Warning:** 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 Fraud Warning: For your protection California law requires the following to appear on this form:** Any person who knowingly presents 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 Fraud Warning:** 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.

**Connecticut, Georgia, Hawaii, Illinois, Iowa, Kansas, Massachusetts, Nebraska, North Dakota, and Vermont:** Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware Fraud Warning:** 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 Fraud 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 Fraud Warning:** 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.

**Idaho Fraud Warning:** 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.

**Indiana Fraud Warning:** 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 and Oregon Fraud Warning:** 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 purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract or a viatical settlement purchase agreement is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Virginia and Washington Fraud Warning:** 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 or a denial of insurance benefits.

**Maryland Fraud warning:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**Mississippi:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract or viatical settlement purchase agreement may be guilty of a crime and prosecuted under state law.

**Nevada:** A person who knowingly presents false information in an application for a viatical settlement is guilty of insurance fraud and subject to fine and imprisonment.

**New Hampshire Fraud Warning:** 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 Fraud Warning:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico Fraud Warning:** 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 Fraud Warning:** 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.

**North Carolina:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract or a viatical settlement purchase agreement is guilty of a felony and may be subject to fines and confinement in prison.

**Ohio Fraud Warning:** 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 Fraud 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.

**Pennsylvania Fraud Warning:** 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.

**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.

**Utah:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Puerto Rico Warning:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.