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## BENEFICIARY CLAIM FORM

**RECEIPT AND COMPLETION OF THIS, OR ANY SONS OF NORWAY CLAIM FORM, DOES NOT GUARANTEE THAT COVERAGE IS EFFECTIVE, AND THE RECIPIENT(S) IS ENTITLED TO BENEFITS.**

### DECEASED INFORMATION (Please Print or Type)

Deceased's Name: \_\_\_\_\_

List All Certificate Numbers: \_\_\_\_\_

### BENEFICIARY INFORMATION (Please Print or Type) IF BENE is TRUST, please complete Trust Claim Form

Beneficiary's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

### COPY OF A DEATH CERTIFICATE WHICH INCLUDES "CAUSE" AND "MANNER" OF DEATH SHOULD ACCOMPANY THIS FORM.

The undersigned hereby applies for payment of this death benefit from the Sons of Norway Life Insurance Company and agrees that the written statements and all other papers called for by the instructions herein, shall constitute and are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or any other forms, by said Company, shall not constitute nor be considered an admission by it that there was any life insurance or annuity contract in force for the person named above, nor a waiver of any of its rights or defenses.

### FEDERAL/STATE WITHHOLDING INSTRUCTIONS

Even if you elect not to have Federal/State income tax withheld, you are liable for Federal/State income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

I **DO NOT** want Federal Income Tax Withheld from my payment.

I **DO** want Federal Income Tax Withheld from my payment. Federal \_\_\_\_\_ % State\* \_\_\_\_\_ %

\* Available in the following beneficiary home states:  
 CA, IA, IL, MN, NJ, OR, WI

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tax ID Number for Trust/Estate: \_\_\_\_\_

### CERTIFICATION

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

1. The number shown on this form is my correct social security number or taxpayer identification number (or I am waiting for a number to be issued to me), 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 that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## STATE FRAUD STATEMENTS

**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.

**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 payment of a loss is subject to criminal and civil penalties.

**California** - 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.

**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.

**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.

**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.

**Idaho** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**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.

**Louisiana** - 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.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly 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** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 RSA 638:20.

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

**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.

**Ohio** - 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** - 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.

**Oregon** - Any person who knowingly presents a false or fraudulent claim or makes intentional misstatements that are material to the risk, may be found guilty of insurance fraud by a court of law.

**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.

**Rhode Island** - 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.

**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.

**Virginia** - 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.

**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 include imprisonment, fines, and denial of insurance benefits.