

Qualified Annuity Claim

Form Kit

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4254 Saw Mill Run Blvd., Pittsburgh, PA 15227
412-884-5100 800-765-4428 claims@gbu.org



Claim Instructions / Requirements



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

The following are needed for ALL claims. Please review the requirements necessary to complete the process:

Claimant Form: One form for each beneficiary per life/annuity contract

Certified Death Certificate: Clear copies are accepted. Only one copy required if there are multiple beneficiaries and/or policies

Original Annuity Contract(s)/Life Policy(ies): if lost check box on claim form

Form W-9: Request for Taxpayer ID Number and Certification (included)—page 1 only

- Complete with Beneficiary's information
- We are required by the Internal Revenue Service to provide Social Security Numbers (SSN) on all taxable transactions (Not all claims result in a taxable event)

Copy of Beneficiary's(ies)' driver's license(s) or other official ID(s)

Change of Beneficiary Form (Not needed for Lump-Sum Settlement Option)

The following are additional requirements needed for the following beneficiary types/circumstances:

Trust is the beneficiary

- Complete copy of the Trust Agreement and Trust Certification
- IRS-issued Tax ID number assigned to the Trust
- Claimant Form—completed and signed by Trustee(s)

Estate of the deceased is the beneficiary

- IRS-issued Tax ID number assigned to the estate (NOT THE DECEASED'S SSN)
- Court-certified executor's appointment, letters testamentary or short certificate
- Claimant Form—completed and signed by estate administrator or executor

Minor child is the beneficiary—parent or appointed guardian/conservator of beneficiary

- The minor child's SSN must be provided
- Certified birth certificate showing parent(s) as legal guardian(s), or
- Court-certified letters of guardianship/conservatorship

Charity/corporation is the beneficiary

- A copy of the Corporate Resolution indicating who is authorized to sign on behalf of the organization

Non-US citizen beneficiary (lump sum only)

- IRS Form W-8BEN

Beneficiary name has changed

- Legal proof of name change (i.e., marriage certificate/notice from court)

Power of attorney/attorney-in-fact acting on behalf of the beneficiary

- A current copy of the power of attorney document
- Signed by power of attorney as legal representative of beneficiary
- Copy of power of attorney's driver's license or other official ID

There may be other documentation/forms needed in some circumstances.

Qualified Annuity Beneficiary Options



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Beneficiary Category	Beneficiary Group	Spousal Continuation	Qualified Inherited Stretch	Structured Payout	10-Year Rule	5-Year Rule	Lump Sum
Spouse	Eligible Designated	✓	✓	✓	✓	N/A	✓
Individual ¹ (Non-Spouse)	Eligible Designated	N/A	✓	✓	✓	N/A	✓
Individual ² (Non-Spouse)	Designated	N/A	N/A	✓	✓	N/A	✓
Trust, Estate, or Charity	Non-Person	N/A	N/A	N/A	N/A	✓	✓

¹ Individual **Eligible Designated** Beneficiary includes the following:

- Individual older than or not more than 10 years younger than the original IRA owner
- Disabled
- Chronically Ill
- Minor child of original IRA owner (cannot be a grandchild or other relative)

² Individual **Designated** Beneficiary: Individual who is not a spouse or other eligible individual listed above.

Spousal Continuation (Spouses Only)

- Assume the same contract with spouse beneficiary as new owner, or
- Transfer the proceeds to beneficiary spouse's existing GBU Life qualified annuity

Qualified Inherited Stretch: Required Minimum Distributions (RMDs) over Life Expectancy – \$1,000 Minimum
Transfer funds to a **new** qualified GBU Life annuity. Your remaining life expectancy is used to calculate an annual RMD. A new application is required for this option.

Structured Payout (Annuitization) – \$25,000 minimum

- **Equal installments over a set period of time**
Proceeds are distributed equally over a predetermined period of time (e.g. 10 or 25 years). A quote will be provided if this option is chosen.
- **Equal installments for the remainder of my lifetime**
Proceeds are distributed equally over your lifetime. A quote will be provided if this option is chosen.

10-Year Rule – Deferral Option

Withdraw discretionary amounts at any time during the 10-year period. All proceeds must be withdrawn by the end of the 10th year.

Lump Sum – Full distribution of the death benefit

Option must be selected no later than December 31 in the year following the year of decedent's death.

Consider the death benefit options carefully. Once we have processed your request, it is not reversible. The taxable portion of any payment you receive will be included in your gross income for that tax year. Consider consulting a tax advisor before making your decision.

Claimant Form – Qualified Annuity



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Policy / Account Number		
Deceased Legal Name (First, Middle Initial, Last)		
Place of Death	Cause of Death	Date of Death

Print Beneficiary / Claimant Legal Name (First, Middle Initial, Last)			
Street Address	City	State	ZIP
Phone Number	Email		
Your Relationship to Deceased	Social Security Number / Tax ID Number	Date of Birth	

Settlement Options Choose only one. (Some options may require additional forms/applications.)

- Option 1:** Spousal Continuation (Spouses Only) – Retain original policy (DO NOT RETURN POLICY).
- Option 2*:** Inherited Stretch (Annual Required Minimum Distributions based on life expectancy) *Application required*
- Option 3:** Structured payout (Annuitization) – Provide payout time frame and frequency instructions below.
- Option 4:** 10-Year Rule – Deferral Option
- Option 5:** Lump Sum

Additional Instructions: _____

**Not available in CA/NY. Refer to Beneficiary Options page to review eligibility.*

Federal Withholding Election Withhold _____% of the taxable amount for federal income tax.

GBU Life does not withhold any state tax. Please consult your tax advisor with any questions for taxation.

Benefit Format Choose only one.

- Check via regular USPS mail
- Direct Deposit into my checking account (*Attach voided check*)

Certificate of Lost Policy if policy not returned: I certify that the life insurance policy identified has been lost or destroyed and, to the best of my knowledge, is not in anyone's possession. If the original should be found or come into my possession, I will return it to GBU Financial Life. It is understood that the original policy shall become null and void.

By signing, I agree that I have read the applicable fraud warning for the state where I reside.

Beneficiary / Legal Representative Signature	Date
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Completed documents can be emailed to claims@gbu.org or mailed to: GBU Life, 4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Phone: 412-668-3239 | 888-985-0828 | claims@gbu.org | gbu.org

Fraud Warning Notices

Some states require us to provide the following information to you:

Alabama Residents: 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 Residents: 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 Residents: For your protection, Arizona 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 subject to criminal and civil penalties.

California Residents: 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 state prison.

Colorado Residents: 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 the 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.

Delaware, Idaho and Indiana Residents: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony.

District of Columbia, Maine, Tennessee, Virginia and Washington Residents: WARNING: It is a crime to knowingly provide false, incomplete 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 Residents: Any person who knowingly and with intent to injure, defraud or deceive an insurance company, makes a statement of claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony of the third degree.

Louisiana and Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application of insurance is guilty of a crime and may be subject to fines and confinement in state prison.

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

New Mexico Residents: 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 civil fines and criminal penalties.

New York Residents: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Residents: 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 Residents: 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.

Other Residents (AR, CT, GA, HI, IL, IA, KS, MA, MD, MI, MS, MO, MT, NE, NV, NC, ND, OR, RI, SC, SD, UT, VT, WV, WI and WY): 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.

Pennsylvania and Kentucky Residents: 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.

Change of Beneficiary



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Complete this form to change your beneficiary. See important information on the next page.

Insured Legal Name	Policy Number
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I hereby elect to change the beneficiary of this policy to the following. If you have more than six beneficiaries, complete another Change of Beneficiary form, sign, and date.

Beneficiary	<input checked="" type="checkbox"/> Primary		Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date		
First Name			M.I.	Last Name				
Relationship			Date of Birth		Phone		SSN/Tax ID	
Street Address			City		State		ZIP	

Continues on next page.

Phone: 412-668-3239 | 888-985-0828 | service@gbu.org | gbu.org

Insured Legal Name _____	Policy Number _____
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By this election I revoke all other and former designations and reserve the right to make other and further changes of beneficiary at any time I may elect. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

Owner Printed Legal Name _____	Phone _____		
Street Address _____	City _____	State _____	ZIP _____
Owner Signature _____	Date _____		

Witness Information (only residents of MA)

If you live in MA, a witness must sign below. The witness must be at least 18 years of age and must not be a beneficiary.

Witness Printed Legal Name _____	Date _____
Witness Signature _____	

Community Property State Consent (only residents of AZ, CA, ID, LA, NV, NM, TX, WA, or WI)

If you are married, live in a community property state, and name someone other than your spouse as beneficiary, your spouse may sign below to waive his/her rights to any community property interest in the benefit.

I, *(spouse printed legal name)* _____, am aware that the owner has named someone other than me to be the beneficiary of this policy and hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to proceeds under applicable community property laws.

GBU Life disclaims any responsibility for determining the applicability of community property laws or the validity of the requested Beneficiary change.

Signature of Spouse _____	Date _____
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See below for important information:

- Primary Beneficiary(ies) – To receive proceeds if living at the time of insured’s death.
- Contingent Beneficiary(ies) – To receive proceeds if living at the time of insured’s death and all primary beneficiaries are not living.
- The information you provide on the Beneficiary Designation form supersedes all previous beneficiary(s) designations.
- You must specify ALL Primary and Contingent beneficiaries on this form even if you are only changing one.
- A separate form is required for each policy, unless all beneficiaries are the same for all policies.
- All changes are effective the date they are received and accepted by the GBU Financial Life (GBU Life) Home Office. We reserve the right to declare this form void and of no effect if it is incomplete in an unsatisfactory manner.
- Share % must total 100%. If no share % is specified, payments will be made in EQUAL shares.
- The witness must not be a beneficiary.

For a Trust Beneficiary, please provide the following:

- Full Legal Name of the Trust
- Trustee Name (Complete First & Last name)
- Complete Address
- Copy of the Trust’s Title Page, trustee and successor trustee designation page, and the signature page
- Tax Identification Number (TIN) of Trust

We recommend that you consult with your advisor regarding legal, tax and estate planning implications of your beneficiary designation(s).

FOR HOME OFFICE USE ONLY.

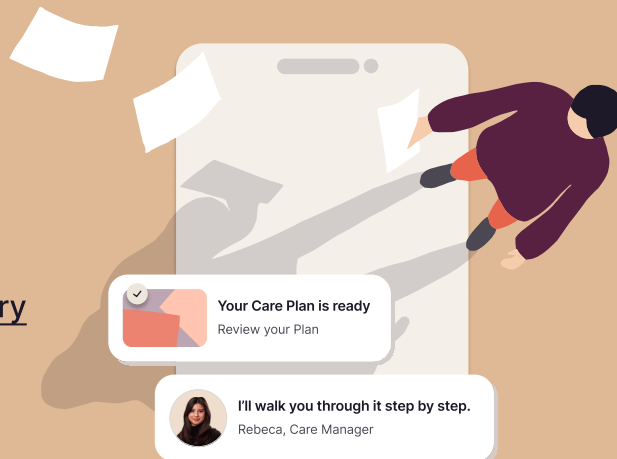
Acknowledged and recorded on _____	by _____	
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By your side for the challenges that follow a loss



Access your complimentary Empathy benefit by scanning the QR code or visit join.empathy.com/gbu-beneficiary

Empathy is here to help get you started. Call +1 (720) 463-7208 to be connected with our Care Team.



Combining technology and human care, Empathy helps you navigate the emotional and practical issues following a loss. As an eligible GBU beneficiary, you and your family can access Empathy's services.

BENEFITS OF EMPATHY:

- ✓ Dedicated Care Manager
- ✓ Personalized Care Plan
- ✓ Grief support resources
- ✓ Probate & estate guidance
- ✓ Recommended professionals
- ✓ ID theft prevention
- ✓ Custom funeral assistance
- ✓ Family collaboration
- ✓ Benefit eligibility guidance
- ✓ Grief journaling & meditations

GBU Life is the marketing name for GBU Financial Life (GBU), Pittsburgh, PA. GBU offers access to services from Empathy but is not affiliated with them.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II 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 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. You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they