



# Statement of Claimant and Partial Assignment of Proceeds (see page 2)

Certificate No.(s) \_\_\_\_\_

Claim No. \_\_\_\_\_

Name of Insured/Annuitant \_\_\_\_\_

I was legally related to the deceased as \_\_\_\_\_, my birthdate is \_\_\_\_\_, and I hereby make claim for benefits under the certificate, supplementary contract, and/or interest income contract listed above.

**Under penalty of perjury, I certify the following:**

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

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, state, and ZIP code

\_\_\_\_\_  
City, state, and ZIP code

\_\_\_\_\_  
Daytime telephone number including area code

\_\_\_\_\_  
Social Security No. or Employer Identification No. of claimant (beneficiary)

\_\_\_\_\_  
Email address (beneficiary)

\_\_\_\_\_  
Date signed

**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.

**Arkansas, Rhode Island and West Virginia:** 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:** 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:** 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.

**Delaware, Indiana and 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.



**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:** A 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 of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Kentucky:** 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 the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

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

**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.

**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.

**Oregon:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer; (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**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 or 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.

**Vermont:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

## Partial Assignment of Proceeds

**For value received,** I, the undersigned, a beneficiary under the above certificate(s), issued by **Royal Neighbors of America** to the insured named above, do hereby sell, assign, transfer and set over to

\_\_\_\_\_ Of \_\_\_\_\_  
Name of assignee (funeral home, funding center, etc) Mailing address City, state, & ZIP Code

his or her executors, administrators and assigns forever, the sum of (\$ \_\_\_\_\_ + \$ \_\_\_\_\_) = \$ \_\_\_\_\_  
(funeral bill) (addtl fees) (total amount assigned)

of the moneys now due or to become payable to me under this certificate(s). Should Royal Neighbors of America fail to honor this Assignment of Proceeds and make payment of the death benefit proceeds to me, I agree that it is my responsibility to deliver the death benefit proceeds to the assignee named in the above Assignment of Proceeds. Further, I agree to indemnify and hold harmless Royal Neighbors of America from any and all claims brought by or through the assignee against Royal Neighbors of America.

I agree that the Society's furnishing of any claim forms shall neither constitute an admission by it that any contract was in force nor a waiver of any of its rights or defenses.

\_\_\_\_\_  
Signature of Witness:

\_\_\_\_\_  
Signature of assignor

\_\_\_\_\_  
Date

