

# PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway, Duluth, Georgia 30099-0001 • (888) 893-9858

## CLAIM INSTRUCTIONS

Please review these instructions as you complete the enclosed claim form. If you need any assistance, please contact your Representative or call us, toll-free, at 1-888-893-9858.

- All sections of both pages of the claim form (Claimant's Statement and Claimant's Information) must be filled out completely by the Claimant (the beneficiary). The Claimant must sign the Claimant's Information page where indicated. If there is more than one Claimant, each Claimant must complete a separate form.
- When the beneficiary is a minor, incapacitated, or is unable to sign, the person empowered to act for the beneficiary must sign the form. Supporting documents (e.g.; Power of Attorney, Certified Letter of Guardianship of the beneficiary's estate or Conservatorship Appointment) must be attached to the claim form. The Social Security number of the minor child or incapacitated beneficiary must be shown on the Claimant's Information page.
- If the Claimant is an estate or a trust, the executor or administrator of the estate or the trustee for the trust must complete the claim form. Certified Letters Testamentary, Letter of Administration or Trust Documents must be attached. The tax identification number of the Estate or Trust is required.
- A copy of the Claimant's (or their guardian's, trustee's, executor's, administrator's) state or federal issued identification (driver's license, identification card, passport) must be submitted with the claim form. If this identification is not available, please call 1-888-893-9858.
- A certified death certificate with the cause and manner of death is required. The certified death certificate must display the colored emblem or raised seal of the issuing authority. If any Primary beneficiary named in the policy is deceased, a copy of the death certificate of the beneficiary will also be required.
- All documents sent to us, including but not limited to the certified death certificate, become a part of the claim file and cannot be returned to you.

### Payment methods and settlement options for claim proceeds:

For payments under \$10,000, a check will be issued. For payments of \$10,000 or more, you may choose to receive either one check for the entire amount of the proceeds, one of the settlement options described in the policy, or you may choose to establish a Primerica Estate Account ("Account") to which the proceeds (which remain in Primerica Life's general account) are credited. The Account is subject to the Terms and Conditions of the Primerica Estate Agreement on the reverse side of these instructions. If chosen, an Account will be opened for you, and you will receive a book of draft checks as soon as your claim has been approved. The variable interest rate, which will never be less than .25%, is periodically determined by Primerica Life Insurance Company after review of one month Treasury Bill interest rates. Once credited to the Account, payment represents full and final settlement of the claim and will include any applicable state interest or premium refund.

Please refer to the policy contract and review the settlement options that may be available to you. These options provide fixed interest rates (ranging from 0.75% to 3.5%) and may include (A) Installments for a fixed period; (B) Monthly installments for a guaranteed minimum and thereafter, for life; (C) Proceeds held by Primerica Life and available for withdrawal; or, (D) Installments of a selected amount until the proceeds are fully paid. If you choose to establish a Primerica Estate Account, your settlement options, if any, will be preserved until the entire balance is withdrawn or the balance drops below the minimum balance of \$2,500.00.

### Important Reminders

- ◆ If you are requesting a Primerica Estate Account, you must sign the claim form as you would sign a check. For your protection, signature verification is performed on all checks written on the Primerica Estate Account. Your signature on the Claimant's Information page is used for that verification.
- ◆ All sections of the claim form must be completed.
- ◆ A copy of the Claimant's identification must be submitted with the claim form. Provide additional required documentation (e.g. letters testamentary, trust documents, letters of administration).
- ◆ Provide a certified Death Certificate.

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## PRIMERICA ESTATE ACCOUNT AGREEMENT

Draft checks to withdraw funds from the Primerica Estate Account are processed through The Northern Trust Company, Chicago, Illinois, and clear through ordinary banking channels. Funds in your Primerica Estate Account are held by and remain an asset of Primerica Life until paid. If you or your bank have any questions, please call (800) 343-2551 or write to: Primerica Estate Account, P.O. Box 92987, Chicago, Illinois 60675-2987

### TERMS AND CONDITIONS

**A. Proceeds and Deposits** - This account credits proceeds from a Primerica Life Insurance Company policy payable due to the death of the insured. Deposits cannot be made into the Primerica Estate Account by the beneficiary.

**B. Interest** - The Primerica Estate Account calculates and pays interest based, in part, on current market conditions. The variable interest rate, which will never be less than .25%, is periodically determined by Primerica Life Insurance Company after review of one month Treasury Bill interest rates. Primerica Life Insurance Company may derive income, in addition to any fees charged on the Estate Account, from the total gains received on the investment of the balance of funds in the Estate Account. Interest rates may change without notice. The current interest rate is shown on the monthly statement.

Interest is compounded daily and credited to your account on the statement date each month, increasing the annual yield that you earn. The interest earned on your Primerica Estate Account is taxable; you should consult a tax advisor. Interest will be available for withdrawal on the day after it has been credited.

**C. The Safety of the Primerica Estate Account** - Estate Account balances are held by and backed by the financial strength of Primerica Life Insurance Company. The Estate Account balances remain with Primerica Life in its general account until your draft check clears. The Primerica Estate Account is not a bank account or money market account and is not insured by the Federal Deposit Insurance Corporation (FDIC). However, Estate Account balances are also protected by state guaranty funds, up to state coverage limits, which vary by state but are generally \$300,000.00. FOR FURTHER INFORMATION PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE. You may also contact National Organization of Life and Health Insurance Guarantee Associations (NOLHGA) to learn more about the coverage limitations applicable to your Estate Account at [www.nolhga.com](http://www.nolhga.com) or (703) 481-5206.

**D. Immediate Access to Your Money** - You will receive a book of draft checks, which provides ready access to the funds credited to your Primerica Estate Account. One draft check can be written to access the entire proceeds at any time. Or, if you choose, you can write draft checks for \$250 or more. The Primerica Estate Account is a draft account--not a bank checking account. There are generally no delays in completing authorized transactions using these draft checks. **These draft checks cannot be used for electronic funds transfers (EFT) transactions.** Retailers that scan checks and debit account funds at the time of purchase may not accept the draft checks.

With the Primerica Estate Account, you will receive:

- ♦ A Confirmation Certificate, showing the amount of life insurance proceeds available through your Account, your Account number, the current interest rate, effective annual yield, and a Beneficiary Designation form;
- ♦ Your Primerica Estate Account Agreement spelling out the exact terms and conditions of your Primerica Estate Account in an easy-to-read format;
- ♦ A book of draft checks giving you immediate access to your money.

The funds you don't need right away are held by Primerica Life's general account and continue to earn interest.

# PRIMERICA ESTATE ACCOUNT

## AGREEMENT

**E. Monthly Statements** - You will receive a statement of account each month by mail, showing withdrawals, interest credited, and any other account activity. If you should need a copy of a draft check, please call (800) 343-2551 and a photocopy will be forwarded to you. Any errors or omissions must be reported in writing to the above address no later than 15 days after you receive your statement.

**F. Minimum Claim and Automatic Closeout** - You must be due a claim payment of \$10,000 or more in order to establish a Primerica Estate Account. You may withdraw part or all of the money at any time with no penalty or loss of interest. A minimum balance of \$2,500.00 is required to maintain the Primerica Estate Account. If the balance falls below \$2,500.00 at any month end after your account is established, your Primerica Estate account will be closed automatically. The balance in the account will be sent to you, together with any interest due, promptly after the end of the following month.

**G. Free Draft Check Services and Special Fees** - With the Primerica Estate Account, you pay nothing to open the Account. There are no fees for Account services – i.e. no monthly service charges and no charge for draft checks. The only charges you incur are for special situations, such as:

- 1) *Insufficient funds* -- \$10.00 for each draft check presented for payment when there are insufficient funds available in your account. A draft check that exceeds available funds in your account will not be paid.
- 2) *Stop payment* -- \$15.00 for each stop payment order.

**H. Inactive Retained Asset Accounts** – If no funds are withdrawn or no affirmative directive has been provided by you during any continuous dormancy period under your state’s unclaimed property laws, your account will be considered inactive. We will attempt to contact you at the address on record to allow you the option of keeping your Account or receiving the balance by check. If we cannot contact you, your funds will be at risk of escheatment to the state.

**I. Beneficiary Designation** - We will enclose a change of beneficiary form for you to name a beneficiary to whom the balance of the Primerica Estate Account will be paid in the event of your death. If no beneficiary is named, all available proceeds will be paid to your estate. In the case of Company insolvency, a lengthy delay is possible before a beneficiary can get the proceeds from the Primerica Estate Account.

**J. Entire Agreement** - This Agreement constitutes the entire Account contract between you and Primerica Life. Changes to this Agreement may be made only in writing, signed by an authorized officer of Primerica Life. No provision can be waived or changed by any other employee, representative or agent of Primerica Life. The rules and regulations concerning the use of the Estate Account, however, are subject to change by the Northern Trust Company at any time upon 10 days written notice.

*Primerica Life Insurance Company reserves the right to make changes in the terms and conditions of this account, including selecting a different benchmark on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to you. You will have reasonable time to agree to these changes. Continuation of the account will affirm agreement to those changes.*

Please call if you have any questions related to the foregoing.

Cheryl Talbert  
Vice President, Claims Department  
Primerica Life Insurance Company

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FOR ASSISTANCE  
CALL TOLL-FREE  
1-888-893-9858

## CLAIMANT'S STATEMENT

*Please Attach a Certified Death Certificate*

*Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*

1. Deceased's Name in Full \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Policy Numbers \_\_\_\_\_

3. Deceased's Birth Date \_\_\_\_\_ Source from which Birth Date Obtained \_\_\_\_\_

Birth Certificate, Family Record, Other Record

4. Residence of Deceased at Death \_\_\_\_\_

Street Address

City

State

Zip

5. Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

6. Cause of Death \_\_\_\_\_ 7. Your relationship to the Deceased \_\_\_\_\_

8. Employer of Deceased \_\_\_\_\_ Deceased's Occupation \_\_\_\_\_

9. If deceased has insurance with other companies, list names of companies and amounts below:

Names of Companies	Amounts

10. Marital Status of Deceased \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children of Deceased \_\_\_\_\_ Spouse's Address \_\_\_\_\_

\_\_\_\_\_

*The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.*

The **Claimant Information** on the reverse side **must** be filled out completely in order to avoid any delay.

# CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).

Please read carefully. Please print or type and complete in full. This form must be signed.

Claimant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. or Tax Id.: \_\_\_\_\_

· Individual - Claimant's Social Security Number · Estate Tax Id Number  
· Guardian - Child's Social Security Number · Trust Tax Id Number

Permanent Address: \_\_\_\_\_  
(Number, Street, and Apt. or Suite no. -- Do not use a P.O. Box or in-care-of address)

City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different than above)

City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Area Code Phone Number Area Code Phone Number Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

Primerica Estate Account  Check  Settlement Option # \_\_\_\_\_ (Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. **Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.**

Under the 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 failure to report interest or dividends, or (c) that 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).

Certification Instructions. -- You must cross out item 2 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 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."**

I certify that all answers on this form are correct and true.

Signature of Claimant  \_\_\_\_\_  
(See 'Important Reminders' on Page 1, 'Claim Instructions')

In addition to Section 790.03 of the California Insurance Code, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet Web site, [www.insurance.ca.gov](http://www.insurance.ca.gov), or by calling the California Department of Insurance's consumer information line at 1-800-927-HELP(4357). You may also obtain a copy of this law and these regulations free of charge from this insurer.

The following are hereby defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

(h) Knowingly committing or performing with such frequency as to indicate a general business practice any of the following unfair claims settlement practices:

- (1) Misrepresenting to claimants pertinent facts or insurance policy provisions relating to any coverages at issue.
  - (2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.
  - (3) Failing to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under insurance policies.
  - (4) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss requirements have been completed and submitted by the insured.
  - (5) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear.
  - (6) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds, when the insureds have made claims for amounts reasonably similar to the amounts ultimately recovered.
  - (7) Attempting to settle a claim by an insured for less than the amount to which a reasonable person would have believed he or she was entitled by reference to written or printed advertising material accompanying or made part of an application.
  - (8) Attempting to settle claims on the basis of an application that was altered without notice to, or knowledge or consent of, the insured, his or her representative, agent, or broker.
  - (9) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them, of the coverage under which payment has been made.
  - (10) Making known to insureds or claimants a practice of the insurer of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.
  - (11) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either, to submit a preliminary claim report, and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information.
  - (12) Failing to settle claims promptly, where liability has become apparent, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.
  - (13) Failing to provide promptly a reasonable explanation of the basis relied on in the insurance policy, in relation to the facts or applicable law, for the denial of a claim or for the offer of a compromise settlement.
  - (14) Directly advising a claimant not to obtain the services of an attorney.
  - (15) Misleading a claimant as to the applicable statute of limitations.
  - (16) Delaying the payment or provision of hospital, medical, or surgical benefits for services provided with respect to acquired immune deficiency syndrome or AIDS-related complex for more than 60 days after the insurer has received a claim for those benefits, where the delay in claim payment is for the purpose of investigating whether the condition preexisted the coverage. However, this 60-day period shall not include any time during which the insurer is awaiting a response for relevant medical information from a health care provider.
- (i) Canceling or refusing to renew a policy in violation of Section 676.10.