



Voluntary Emergency Service Organizations

VESOLIFE

TERM LIFE INSURANCE FOR VOLUNTEERS

GROUP TERM LIFE CLAIMANT'S STATEMENT

Section A – Information About the Insured

Group Policy # _____ Certificate # _____

1. Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Address: _____
Street Apt. # City State Zip Code

4. (a) Date of Death _____

(b) Place of Death _____

(c) Cause of Death _____

Section B – Information About You, the Claimant

1. Your Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Your Address: _____
Street Apt. # City State Zip Code

4. Your Relationship to the Insured: _____

5. Your Social Security Number: _____ - _____ - _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Enter Your Social Security Number:

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Your signature on this form is certification that the Taxpayer Identification Number(s) provided on this form is correct and complete. The IRS does not require your consent to any other provisions of this document other than the certifications required to avoid backup withholding.

Check appropriate box for federal tax Classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): _____ Other: _____

Exemptions: Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any): _____

Under penalties of perjury, I, the policyowner, certify that:

- (1) The number shown in 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 and 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 (including a U.S. resident alien) for U.S. Federal income tax purposes, and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 tax returns.

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 \$5,000 and the stated value of the claim for such violation.


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

Section C – Your Signature. I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge.

Your Signature

Date

Administrator:
NBT-Mang Insurance Agency
66 South Broad Street
Norwich, New York 13815
(800) 232-8347 • Fax: 607-729-7776
info@VesoLife.com

Insurer:
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