



2050 Finley Rd Suite 70 Lombard IL 60148
1-800-543-3272 * www.csalife.com

Annuity Death Benefit Form

Certificate # _____

Decedent Name _____ Date of Death _____ Social Security # _____

1. BENEFICIARY INFORMATION

First Name	M.I.	Last Name	_____-_____-_____ Social Security Number	OR	_____-_____-_____ Estate/Trust/Tax ID Number
Address _____			Date of Birth	Gender	Phone Number
Address _____			Relationship to Deceased _____		
City	State	Zip	Email address _____		

2. DISTRIBUTION SELECTION

I hereby request that the proceeds of this contract be distributed under the following option (Choose one):

- Lump sum payment
- Deposit proceeds to my existing CSA Annuity: _____
- Spousal continuation of contract upon death of owner (Please list beneficiary designations on back of this form.)
- Life Only Annuity - Provides payments to the annuitant for as long as the annuitant lives. Once the annuitant dies, the contract is fulfilled and payments will cease.
- Life Annuity with Period Certain of _____ Years (10, 15 or 20) - Guarantees that level payments are received for the annuitant's lifetime. However, if the annuitant should die before the end of the specified period, payments will be paid to the designated beneficiary until the end of the specified period.
- Fixed Period _____ Years (5-30) - Guarantees that payments will be made until the end of a specified or fixed number of years. At the end of the fixed period, the annuity funds value balance is zero. If death of the annuitant occurs before the end of the payout period, payments will be made to a designated beneficiary until the fixed time has been fulfilled.
- Defer payment for up to five years from the date of death.

DISCLAIMER: If the beneficiary is someone other than a spouse, the beneficiary must receive entire proceeds of contract within five (5) years within date of death of owner or begin a stream of payments within one year and those payments must not extend beneficiary's life expectancy, due to significant tax consequences. CSA strongly recommends consulting with your tax advisor.

3. SOCIAL SECURITY NUMBER CERTIFICATION

I certify that: 1. The social security number shown above is my correct taxpayer identification number and,
2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, cross out item #2 and check here



4. LOST CERTIFICATE CERTIFICATION

Attach original policy or initial here: _____ I (we) certify that the original policy is lost.

5. BENEFICIARIES

PRIMARY:			
Name	Date of Birth	Soc. Security No.	Amount/Percentage
Address			Relationship

Name	Date of Birth	Soc. Security No.	Amount/Percentage
Address			Relationship

CONTINGENT:			
Name	Date of Birth	Soc. Security No.	Amount/Percentage
Address			Relationship

Name	Date of Birth	Soc. Security No.	Amount/Percentage
Address			Relationship

6. SIGNATURE REQUIRED

Beneficiary Signature: _____ **Date** _____