

1. Institution where the underlying account is held and the policy number (if you have it).

2. Information about the deceased.

Please be sure to include a copy of the death certificate with this form.

3b. Income Tax Certification (Required)

Preferred Telephone No.	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email
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4. Basis for this claim

Please identify the reason you are submitting this claim form

- ☐ New claim
- ☐ The account was closed after death, but before any benefits were paid.
- ☐ No benefits were paid due to the eligibility period not being satisfied.
- ☐ No benefits were paid due to the account not being eligible for coverage.
- ☐ The benefit payment amount was less than it should have been.

5. Payment method

Please indicate how you would like Wysh to pay any benefits that are due.

- ☐ By ACH Routing Number: _____ Account Number: _____
- ☐ By check, mailed to the residential or mailing (if applicable) address shown above.

6. Read and sign

Any person who knowingly presents an application for insurance or statement of claim for payment of a loss 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 may be subject to monetary penalties and confinement in prison. (Please see the Fraud Warning Disclosure Addendum on the next page for any disclosure that may be applicable in your state of residence.)

Under penalties of perjury, I (as beneficiary named) certify that: (1) my Social Security Number or Taxpayer Identification Number shown on this death benefit proceeds form is my correct Taxpayer Identification Number, (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 IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (includes a U.S. resident alien).

☐ Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature (required)

Name (print)

Date

Please send both pages of the completed claim form to Wysh Life at the following:

By Email: claims@wysh.com