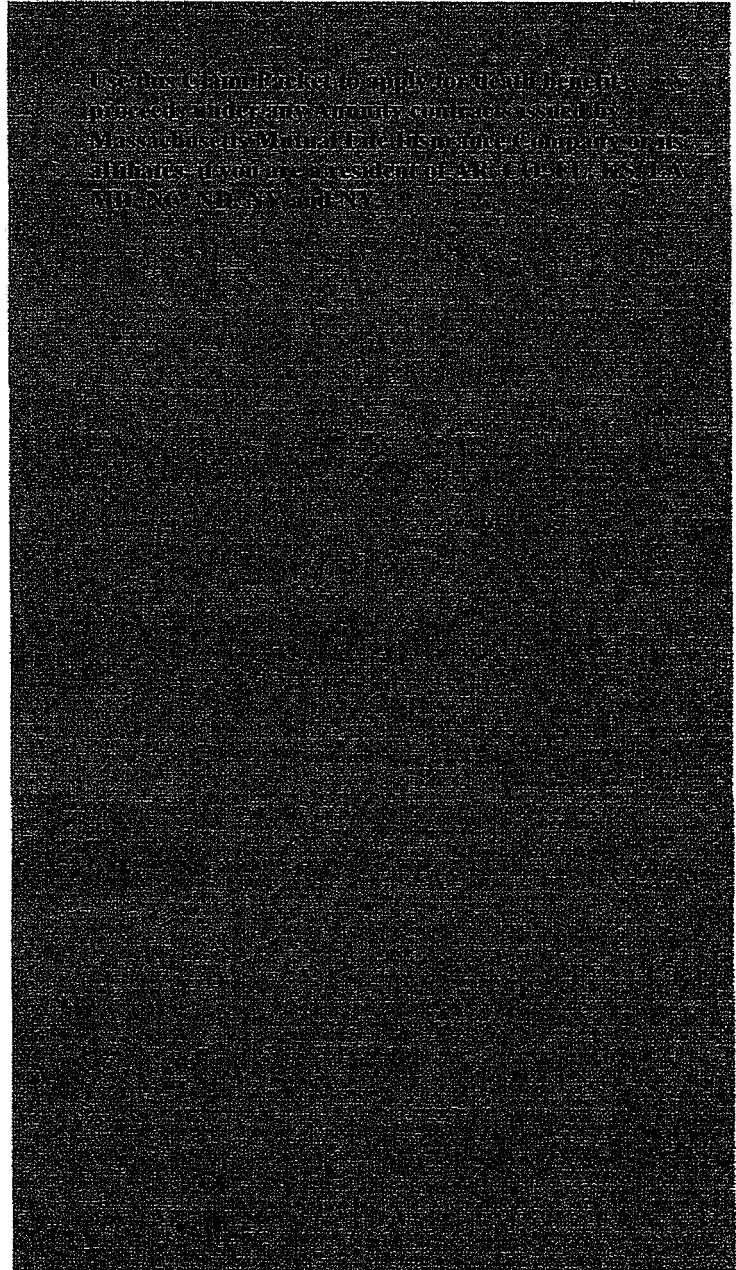


Addendum State Version

Annuity Claims

Annuity Claim Packet Addendum State Version



FR1024I 01/08

10-0328.B.1



Annuity Claim Packet

1295 State Street, Springfield MA 01111
Phone: 1-800-767-1000

Contract Number(s) Complete this section for all cases

List all contracts of the deceased:
ODY15328763

The Annuitant/Owner (if deceased) Complete this section for all cases

1. Annuitant/Owner's Name (first, middle, last, suffix): **Gladys L Closson**
(Please list any other names the Annuitant may have been known by, such as maiden name, nickname or aliases)

2. Residential Address: (street, apt. #, city, state, zip) **2671 KING RICHARD DR.
EL DORADO HILLS, CA 95762**

3. State of Legal Residence (if different from above): **CA**

4. Annuitant's Marital Status: Married Divorced Single Widowed

5. Spouse's Name (if applicable): **EDWARD CLOSSON**

Beneficiary Information Complete this section when an individual corporation, partnership, or pension plan is the beneficiary

A separate Claim Packet is required for each beneficiary. If additional copies are necessary, please photocopy this entire packet.

- Individual:** The Claim Packet must be completed and signed by the named beneficiary, and his/her Social Security Number must be provided on the last page.
- Corporation:** The Claim Packet must be completed and signed by an authorized officer of the corporation. Include the officer's title and corporate seal, if available, and the corporation's taxpayer identification number on the last page.
- Partnership:** The Claim Packet must be completed and signed by a surviving partner, and include the partnership's taxpayer identification number on the last page.
- Pension Plan/Profit Sharing Plan:** The Claim Packet must be completed and signed by an acting trustee of the plan, and include the plan's taxpayer identification number on the last page.

1. Beneficiary's Name (first, middle, last, suffix): **El Dorado County Animal Control Shelter and Trust Fund**

2. Residential Address: (street, apt. #, city, state, zip) **931 Spring Street, Placerville, CA
95667, Attn: Neda West, Director**

Mail proceeds to this address? Yes No

If no, where? _____

3. Daytime Phone Number: **(530) 621-6149**

4. Date of Birth: _____

5. Citizenship, if not United States: _____

6. Relationship to the Annuitant: _____

Payment Election For proceeds under \$10,000 a check will be mailed. For proceeds \$10,000 and above please complete the New Beneficiary section.

Interest earned under any payment election will be reported to the Internal Revenue Service as ordinary income in the year in which proceeds are earned or credited.

Lump sum via Benefit Management Account (BMA) – This interest-earning checking account begins earning interest (compounded daily) immediately at the current rate of _____%. This rate is not guaranteed and may change weekly. The BMA packet including your personalized checkbook will be produced within 5-7 business days of your claim being approved and processed. You may withdraw part or all of your money at any time. Checks may be written for \$250 or more. You will receive monthly statements showing the account balance and interest earned.

Beneficiary Designation for BMA account Complete this section if you would like to name a beneficiary for your BMA account.

Beneficiary Designation for BMA account - Upon your death, any remaining proceeds will be paid to your beneficiary(ies) in one sum. Final Payment will be in one sum to the Estate of the last to die of you and all beneficiaries named below. If no beneficiaries are listed payment will be made to your Estate.

Name	Address and Phone Number	Social Security No.	Date of Birth

Lump Sum Check

Other Method of Settlement: _____

Other Settlement Options Available If interested in one of the following options please notify your claim examiner as additional forms are required.

1. **Specific Period:** Fixed and/or variable payments for the period you select (dependent upon product type), not to exceed your life expectancy.
2. **Interest Option (non-qualified, surviving spouse only):** (current rate is 3.25%) - This option allows the beneficiary to leave proceeds with MassMutual to earn interest. Withdrawals may be made by written request up to four times a year. You may opt to receive interest payments or allow interest to accumulate.
3. **Specific Amount:** proceeds and interest will be paid in the amount and frequency selected until the proceeds plus all interest credit are exhausted.
4. **Life Income** – This option will provide you with an income for your entire lifetime. The income may be received in one of three ways:
 - o Without payments certain – Payments will be made over the beneficiary's lifetime and stop at his/her death regardless of remaining balance to your beneficiary.
 - o With payments made as long as you live - Payments will be made over the beneficiary's lifetime. At the beneficiary's death, the remaining balance, if any, will be continued or commuted and paid in one sum to your beneficiary.
 - o With payments certain 5, 10, or 20 years - Payments will be guaranteed for 5, 10, or 20 years as elected. If the beneficiary does not live for the guaranteed period, the proceeds will be continued or commuted and paid in one sum to your beneficiary.

Fraud Warnings

Any person who knowingly and with intent to defraud, deceive, or insure an insurance company files a claim containing false, incomplete, fraudulent, or misleading information may be prosecuted under state law and may be subject to fines and/or confinement in prison.

The laws of several states, including California, Colorado, Florida, Kentucky, Maine, New Hampshire, New Jersey, New York and Pennsylvania require the following statements to appear:

California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – For your protection, Colorado law requires the following to appear on this form: "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 regulatory agencies."

Florida – Any person who knowingly and with intent to insure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 – 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.

New Hampshire – Any person who, with a purpose to insure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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 York – Any person who knowingly and with intent to defraud or deceive 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 five thousands dollars and the stated value of the claim for each such violation.

Pennsylvania – Any person who knowingly and with the intent to defraud any insurance company or other persons 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 and civil penalties.

Agreements and Signatures *Complete this section for all cases*

Massachusetts Mutual Life Insurance Company and Affiliates (herein referred to as "The Company") reserve the right to request further information or proof as to the manner of death of the Annuitant/Owner and the Claimant's qualifications to receive benefits. By furnishing the Claim Packet or any other forms relating to proof of death, The Company does not admit liability or waive our rights or defenses. In addition, The Company does not acknowledge that there is any insurance in force or that you are the designated beneficiary.

TRUSTS: If the Annuitant/Owner Social Security Number has been used as the Tax Identification Number for the trust, it can no longer be used once he/she is deceased. If there is another Grantor of the trust, their Social Security Number may be used. Otherwise, a new TIN for the trust must be obtained.

How to Obtain a Social Security Number (SSN) or Taxpayer Identification Number (TIN): If you do not have a TIN, you should apply for one immediately in order to complete claim. To apply for the number obtain Form SS-5, Application for a Social Security Number Card (for individuals) www.socialsecurity.gov/onlines-5.html, or Form SS-4, Application for Employer Identification Number (for business and all other entities) www.irs.gov/forpus/index.html, at your local office of the Social Security Administration or the Internal Revenue Service. Complete and file the appropriate form according to its instructions.

- (Choose One) }
- I do not want Federal income Tax withheld.
 - I do want Federal income Tax withheld.

- (Complete One) }
- For individual beneficiaries please provide the *beneficiary's* Social Security Number (SSN):

/ /
 - For all other beneficiaries please provide the Taxpayer Identification Number (TIN):

94 / 6000511

Tax payer certification: Under penalties of perjury I by my signature below certify that the above is my correct Taxpayer Identification Number, that I am a U.S. person (U.S. citizen or resident alien), and that the Internal Revenue Service has NOT notified me that I am subject to backup withholding.

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

Primary agreement by the individual signing below: In addition to the tax payer certification, under penalties of perjury I by my signature below agree to all information provided on this Claim Packet and certify that all information is true and complete to the best of my knowledge as of the signature date.

X _____ Date

► **Beneficiary's Signature** (Please sign as you normally sign a check)
If signed under a Power of Attorney, please attach a copy of the Power of Attorney.

El Dorado County Animal Control Shelter and Trust Fund

Print Name (first, middle, last, suffix)
 Norma Santiago, Chair, Board of Supervisors - County of El Dorado

Official Title (if applicable)