

CLAIMANT'S STATEMENT

INSTRUCTIONS FOR COMPLETING THIS FORM - Missing or incomplete information may delay claim processing. The paperwork requested below must be received in good order, all questions answered, dated and all necessary signatures and documentation furnished. Forms and other requested information not received in good order may be returned to you for completion and will be processed when resubmitted in good order. The Company reserves the right to require or obtain further proof should it be deemed necessary.

1. Claimant's Information - The named beneficiary should complete this form and sign before a witness who should also sign the form. If there is more than one beneficiary, each one must complete a separate form.

- If the beneficiary is an Estate, the form should be completed and signed by the Executor or Administrator of the Estate in his or her capacity as Executor or Administrator. Properly certified letters of administration must be submitted with the completed form.
- If the beneficiary is a Trust, the form should be completed and signed by the Trustee of the Trust in his or her capacity as Trustee.
- If the beneficiary is a minor, the form should be completed and signed by his or her legal appointed guardian in his or her capacity as Guardian. Certified letters of guardianship must be submitted with the completed form. In the event no guardian is to be appointed, contact the Company for further instructions.

2. Certified Death Certificate - Attach a certified death certificate showing cause of death for the insured.

3. Policy - Attach the insurance policy or policies pursuant to which claim is made (or certify that any policy not included is lost by your signature below).

INFORMATION ABOUT THE DECEASED

Name of Deceased in Full	Date of Birth
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Other Names Used by the Deceased

Please provide the Policy or Certificate Number(s) under which the claim is made:

Cause of Death	Date of Death
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Was the cause of death due to an accident? (If "Yes", additional documentation may be required)
 Yes No

INFORMATION ABOUT THE CLAIMANT

You are completing this form as: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Trustee <input type="checkbox"/> Assignee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: (Explain) _____	Date of Birth
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Name

Social Security Number (SSN) or Tax Identification Number (TIN)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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PREFERRED PAYMENT METHOD

Please select a payment option below. Refer to attached Life Insurance Proceeds Payment Options for details. If you do not select an option, a lump sum check will be mailed to you.

- Lump Sum Payment placed into an Easy Option Account®.** Your benefit will be placed in an Easy Option Account opened in your name. The Account gives you full and immediate access to your benefit through a draftbook while you consider your longer-term financial decisions. You can write a draft for the full or partial balance of the account at any time. Please see the enclosed Summary of the Easy Option Account for more details. **If you select this option and your claim is less than \$5,000 or this option is not available in your state, the Company will mail you a lump sum check.**
- Lump Sum Check.**
- Deferred Payment option.** Please contact us and we will assist you in structuring your installment payments.

INTEREST PAYABLE ON INDIVIDUAL LIFE INSURANCE POLICIES ISSUED IN ILLINOIS: As provided by Illinois Insurance law, if payment is not made within 31 days from the date we receive due proof of death, interest at the rate of 10% from the date of death to the date of our payment will be included with the death benefit.

US TAXPAYER CERTIFICATIONS

Under the penalties of perjury, by signing below, I certify that:

- 1) The Taxpayer ID Number or Social Security Number provided on the prior page is my correct number (or I am waiting for a number to be issued to me), and
- 2) That I am not subject to back-up withholding because:
 - a.) I am exempt from back-up withholding, or
 - b.) I have not been notified by the Internal Revenue Service (IRS) that I am subject to a backup withholding due to failure to report all interest or dividends or
 - c.) The IRS has notified me that I am no longer subject to back-up withholding, and
- 3) I am a U.S. Citizen or U.S. person
- 4) I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States

NON-RESIDENT ALIEN STATUS - If you are a Non-Resident Alien, please check the box and provide your country of residence below. The amount paid will be subject to 30% withholding unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is: _____.

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

CERTIFICATIONS AND SIGNATURES

By signing this form below, I certify that:

- All the information I have given is complete and true to the best of my knowledge and belief.
- I understand that if the Company overpays me, it has the right to recover the amount overpaid. This can occur if it is discovered that I was paid more than I am entitled to under this claim or that someone else was entitled to some or all of the proceeds. I understand that if I do not repay any such amount, the Company may take steps, including legal action, to recover overpayment.
- The original and any duplicates or certificates of each policy listed under which claim is made to be lost or otherwise unavaiable unless sent to us with this Claimant’s Statement.

I acknowledge that I have read the attached State Fraud Warning Notices. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or any 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 thousand dollars and the stated value of claim for each such violation.

Claimant’s Name Capacity

Claimant’s Authorized Signature Date

Claimant’s Address _____
(Number and Street) (City) (State) (Zip Code)

Home Phone Number _____ Business Phone Number _____

Email Address _____

Witness Signature Date

Mail forms to:

SBLI USA Life Insurance Company, Inc.
100 West 33rd Street, Suite 1007
New York, NY 10001-2914
1-877-725-4872

S.USA Life Insurance Company, Inc.
P.O. Box 1050
Newark, NJ 07101-1050
1-866-787-2123

Shenandoah Life Insurance Company
P.O. Box 12847
Roanoke, VA 24029
1-800-848-5433, ext. 62059

The Company offers a number of payment options for beneficiaries receiving life insurance death benefit proceeds. Summarized below are the most commonly selected payment options; for details or additional options, please review the policy on which you have been named as beneficiary. Some payment options may be limited or excluded by state law. This is provided for informational purposes only - it should not be solely relied upon in making your payment method selection. Please contact our Claims Department at the number appearing on your Claimant Statement if you have any questions. You should also consult with a tax, investment, or other financial advisor regarding potential tax liability and/or investment options prior to making a final decision regarding any of the payment options described.

Lump Sum Payment Option

We offer two types of lump sum payments of the entire claim proceeds:

- **Easy Option Account[®]:** The claim proceeds are placed into an interest-bearing account to which you have full and immediate access through a draftbook. You can write a draft for the full or a partial balance at any time. Please review the enclosed Summary of the Easy Option Account for more information. Available if proceeds are \$5,000 or more.
- **Lump Sum Check:** We will send you a single check for the claim proceeds.

Deferred Payment Options

We also offer a number of deferred payment options, which pay out the proceeds over a period of time that you select. The most common deferred payment options are described below. Other options may be available under the policy. Certain conditions and limitations apply. If you select one of these options, we will provide you with a written description of the terms of the payment option you selected after obtaining additional information from you.

Options Without Life Contingency

- **Interest Only/At Interest:**
Interest earned on the proceeds left with the Company at a rate declared annually (but not less than any minimum stated in the policy) is paid monthly, quarterly, semi-annually, or annually to a designated payee. Payment other than interest is deferred during the lifetime of the payee or agreed-upon period.
- **Fixed Amount/Income of a Specified Amount:**
Equal installments are paid monthly, quarterly, semi-annually or annually in the amount you choose, plus interest earned, until the balance is exhausted.
- **Fixed Period/Income for a Specified Period:**
Equal installments of the proceeds plus interest at the rate stated in the policy are calculated and paid monthly, quarterly, semi-annually or annually over a fixed time period you choose.

Options With Life Contingency

- **Life Income:**
Equal installments, based on your age and gender, are paid over time until your death, after which no further payments will be made.
- **Life Income with Period Certain:**
Equal installments are paid over the Payee's lifetime. If the Payee should die before the expiration of an elected period (10 or 20 years), a designated beneficiary will receive payments through the end of such period certain.
- **Single Premium Annuity:** You may elect to purchase any single premium annuity we offer.

Prosperity Life Group[®] is a marketing name for products and services provided by one or more of the member companies of Prosperity Life Insurance Group, LLC, including SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc., and Shenandoah Life Insurance Company. Only SBLI USA is authorized to do business in New York. Each company is solely responsible for its own financial and contractual obligations.

For your protection, some states' laws require that we provide you with the following statements.

Alabama Fraud Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska Fraud Warning:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning:

FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia Fraud Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California and Texas Fraud Warning:

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.

Colorado Fraud Warning:

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 of Regulatory Agencies.

Delaware and Idaho Fraud Warning:

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

Florida Fraud Warning:

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

Hawaii Fraud Warning:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Indiana Fraud Warning:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky Fraud Warning:

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, Tennessee, Virginia and Washington Fraud Warning:

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.

Minnesota Fraud Warning:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Fraud Warning:

Any person who, with a purpose to injure, 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 Fraud Warning:

Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

Ohio Fraud Warning:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning:

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania Fraud Warning:

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 containing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Fraud Warning:

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont Fraud Warning:

Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.



YOU CAN

Manage your future.

With Easy Option Account[®]

PROSPERITY
LIFE GROUP[®]

Manage Your Benefit Payment Options.....

Easy Option Account®

Affording You the Time You Need to Consider Your Financial Options

All of us at Prosperity Life Group wish to express our most sincere condolences to you and your family at this time of great loss. While we know that coping with the loss of a loved one is a deeply personal matter, we also know it is difficult to think about your finances during this difficult time. As a beneficiary of a Prosperity Life Group policy, your claim proceeds may be deposited into an **EASY OPTION** Account. The **EASY OPTION** Account is a convenient payment option that makes it easier for you to hold the claim proceeds in a safe, accessible, interest-bearing account while taking the time you need to consider how the funds fit into your overall financial plan. The **EASY OPTION** Account keeps your money working for you while you're getting through this difficult time. You can take as much time as you want . . . the account is available to you for as long as you need it.

What is Special About EASY OPTION?

ACCESSIBILITY	You have immediate access to the funds and can withdraw all or some at any time via convenient bank draft.
GROWTH	Your funds earn interest at a competitive rate. Today's current rate is 1.5%.
FLEXIBILITY	You can make unlimited drafts of any amount up to the account balance.
TRANSPARENCY	You will receive a quarterly statement (monthly if there is activity in the account). You can also access information 24/7 by telephone through our IVR system.
VALUE	There is no annual fee or charges for drafts.

Available for death benefit proceeds of \$5,000 or more only. If you elect the **EASY OPTION** Account, the settlement of your claim will be made through the delivery of a draft kit to you.

Please see the attached for more details about **EASY OPTION**.

Prosperity Life Group® is a marketing name for the member insurer companies of the Prosperity Life Group LLC, including SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc. and Shenandoah Life Insurance Company. All guarantees are backed by the claims paying ability of the issuing insurer company.

An Easy Option Account

An Easy Option Account (the “Account”) may be established as full payment of the death benefit or proceeds payable to you (the “Proceeds”) as a beneficiary of an insurance policy or contract issued by any of the following Prosperity member companies: SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc. or Shenandoah Life Insurance Company (each the “Insurance Company”).

Account Administration

The Account is established and maintained by the Insurance Company. The Insurance Company has engaged The Bank of New York Mellon (“BNYM”) to provide processing services including custodial and administrative services.

Account Ownership

As the owner of the Account, you may write drafts against the Account, transfer funds and exercise all rights related to the Account, including designating a beneficiary to whom, at your death, the balance in your Account will be paid. If no living beneficiary is designated at the time of your death, the balance will be payable to your estate.

Account Access

You will receive a “draftbook” upon establishment of the Account. You can use drafts in the same manner as you would use a check from a personal checking account. Drafts can be made for any amount up to the entire balance. At any time, the entire balance, including any earned interest, can be withdrawn in one transaction by writing out a single draft for all of the funds.

Interest Credited to the Account

The Account balance will earn interest at a rate declared by the Insurance Company, which is subject to change but will not be less than the guaranteed minimum interest rate of 0.25% annually. The current declared rate is listed on the prior page. The interest you earn will be compounded daily and credited to your account monthly.

Account Fees

There is no charge for draftbooks and account maintenance. There are fees for certain special services, including: \$10 for each returned draft (e.g., insufficient funds); \$12 for each stop payment; \$2 per copy of draft or statement.

Account Statements

Each month that you have activity in the Account other than credited interest, you will receive a statement showing Account activities, including current balance, withdrawals, current interest rate and interest credited. If you do not have activity in your Account, you will receive a statement at least quarterly.

Tax Information

The Account may have tax implications. You should consult a tax advisor. We will send you a 1099-INT form each January reporting the amount of taxable interest earned.

Account Restrictions

The ownership of the Account may not be changed. Assignment of the Account is not permitted. Deposits to the Account are not permitted.

Account Status

You may close your Account at any time. If the available balance falls below \$1,000.00, the Account will be closed automatically and a check will be sent to you for the remaining balance. If your account is inactive (other than the crediting of interest) for so long that it is considered abandoned or dormant under your state's law, we will attempt to contact you at least one time by letter. If attempts to contact you are unsuccessful, we may be required by law to transfer any funds remaining in the Account to your state's unclaimed property fund.

Other Payment Options

The insurance policy or contract may provide other settlement options with different benefits and features or paying higher guaranteed or current interest rates. Refer to the Claimant Statement form for a summary of the settlement options available to you. We encourage you to consult your financial professional or tax advisor before choosing your settlement option. Once the Account has been established, you may not elect any other settlement option.

Account Protection

The Account is backed by the financial stability and claims paying ability of the Insurance Company that issued the policy. The Account is not guaranteed by the Federal Deposit Insurance Corporation ("FDIC"), but may be guaranteed by the State Insurance Guaranty Association. You should contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations of the Account.

Company Profit from the Account

The funds related to the Account are held by the issuing Insurance Company in its general account which produces investment earnings for the Insurance Company. Since investment earnings may add to the profitability of the Insurance Company, the Account contributes to the earnings and profitability of the Insurance Company.

What's Next

If you elect the Easy Option Account, an Account will be established upon completion and processing of your claim paperwork, including resolution of any claim that is contested by the Insurance Company.

Additional Questions

If have any questions about Account services, contact the Insurance Company at the address and number included on your Claimant Statement or contact:

Prosperity Easy Option Account
P.O. Box 534033
Pittsburgh, PA 15253-4033
1-888-595-1433

For further information, please contact your state Department of Insurance.

Prosperity Life Group reserves the right to make changes to the terms and conditions of the account, except the minimum guaranteed crediting rate for existing accounts. Notice of changes will be furnished to each account holder.



Prosperity Easy Option Account
P.O. Box 534033
Pittsburgh, PA 15253-4033
1-888-595-1433
www.prosperitylife.com

