

Primerica Life Insurance Company

Executive Office: 1 Primerica Parkway, Duluth, Georgia 30099-0001
(888) 893-9858

Claim Instructions

Please review these instructions as you complete the enclosed claim form. If you need help, please contact your Representative or call us, toll-free, at (888) 893-9858.

Who should complete the claim form?

- If **you are the Beneficiary**, complete and submit the claim form
- If **there is more than one Beneficiary**, each Beneficiary must complete their own claim form
- If **the Beneficiary is a minor, incapacitated, or is unable to sign**, the person who is empowered to act for the beneficiary must complete and submit the claim form (examples: a guardian, conservator or power of attorney)
- If **the Beneficiary is an estate or a trust**, the executor, administrator or trustee must complete and submit the claim form

What documents do I need to provide?

- Copy of the beneficiary's **state or federal issued I.D.**
 - Examples: driver's license, identification card or passport
- Certified copy of Insured's **death certificate** with the cause and manner of death
- If the Beneficiary is a minor, incapacitated, or is unable to sign:
 - Copy of the guardian's, conservator's or power of attorney's state or federal issued I.D.
 - Certified copy of the Letters of Guardianship, Conservatorship Appointment and/or Power of Attorney
- If the Beneficiary is an estate or a trust:
 - Copy of the executor's, administrator's or trustee's state or federal issued I.D.
 - Certified copy of the Letters Testamentary, Letters of Administration or Trust Documents
- If any Primary beneficiary named in the policy is deceased, a copy of their death certificate

What else do I need to know?

- The Social Security number of the minor child or incapacitated beneficiary will be needed
- The tax identification number of the estate or trust will be needed
- All documents you send to us become a part of the claim file and will not be returned to you

How do I submit the claim?

- Please submit the completed and signed claim form with the documents listed above to:

Primerica Life Insurance Company
Attn: Claims Department
Executive Office: 1 Primerica Parkway
Duluth, GA 30099-0001

Payment methods and settlement options for claim proceeds:

For payments under \$10,000, a check will be issued. For payments of \$10,000 or more, you may choose to receive either one check for the entire amount of the proceeds, one of the settlement options described in the policy, or you may choose to establish Primerica Estate Account ("Account") to which the proceeds (which remain in Primerica Life's general account) are credited. The Account is subject to the Terms and Conditions of the Primerica Estate Agreement on the reverse side of these instructions.

Please refer to the policy contract and review the settlement options that may be available to you. These options provide fixed interest rates (ranging from 0.75% to 3.5%) and may include (A) Installments for a fixed period; (B) Monthly installments for a guaranteed minimum and thereafter, for life; (C) Proceeds held by Primerica Life and available for withdrawal; or, (D) Installments of a selected amount until the proceeds are fully paid. If you choose to establish a Primerica Estate Account, your settlement options, if any, will be preserved until the entire balance is withdrawn or the balance drops below the minimum balance of \$2,500.00.

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Primerica Estate Account Agreement

Draft checks to withdraw funds from the Primerica Estate Account are processed through The Northern Trust Company, Chicago, Illinois, and clear through ordinary banking channels. Funds in your Primerica Estate Account are held by and remain an asset of Primerica Life until paid. If you or your bank have any questions, please call (800) 343-2551 or write to: Primerica Estate Account, P.O. Box 92987, Chicago, Illinois 60675-2987.

Terms and Conditions

A. Proceeds and Deposits - This account credits proceeds from a Primerica Life Insurance Company policy payable due to the death of the insured. Deposits cannot be made into the Primerica Estate Account by the beneficiary.

B. Interest - The Primerica Estate Account calculates and pays interest based, in part, on current market conditions. The variable interest rate, which will never be less than .25%, is periodically determined by Primerica Life Insurance Company after review of one month Treasury Bill interest rates. Primerica Life Insurance Company may derive income, in addition to any fees charged on the Estate Account, from the total gains received on the investment of the balance of funds in the Estate Account. Interest rates may change without notice. The current interest rate is shown on the monthly statement. Once credited to the Account, payment represents full and final settlement of the claim and will include any applicable state interest or premium refund.

Interest is compounded daily and credited to your account on the statement date each month, increasing the annual yield that you earn. The interest earned on your Primerica Estate Account is taxable; you should consult a tax advisor. Interest will be available for withdrawal on the day after it has been credited.

C. The Safety of the Primerica Estate Account - Estate Account balances are held by and backed by the financial strength of Primerica Life Insurance Company. The Estate Account balances remain with Primerica Life in its general account until your draft check clears. The Primerica Estate Account is not a bank account or money market account and is not insured by the Federal Deposit Insurance Corporation (FDIC). However, Estate Account balances are also protected by state guaranty funds, up to state coverage limits, which vary by state but are generally \$300,000.00. FOR FURTHER INFORMATION PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE. You may also contact National Organization of Life and Health Insurance Guarantee Associations (NOLHGA) to learn more about the coverage limitations applicable to your Estate Account at www.nolhga.com or (703) 481-5206.

D. Immediate Access to Your Money - You will receive a book of draft checks, which provides ready access to the funds credited to your Primerica Estate Account once your claim has been approved. One draft check can be written to access the entire proceeds at any time. Or, if you choose, you can write draft checks for \$250 or more. The Primerica Estate Account is a draft account-not a bank checking account. There are generally no delays in completing authorized transactions using these draft checks. **These draft checks cannot be used for electronic funds transfers (EFT) transactions.** Retailers that scan checks and debit account funds at the time of purchase may not accept the draft checks.

You must sign the claim form below as you would sign a check. For your protection, signature verification is performed on all checks written on the Primerica Estate Account. Your signature on the Beneficiary's Information page is used for that verification.

With the Primerica Estate Account, you will receive:

- A Confirmation Certificate, showing the amount of life insurance proceeds available through your Account, your Account number, the current interest rate, effective annual yield, and a Beneficiary Designation form;
- Your Primerica Estate Account Agreement spelling out the exact terms and conditions of your Primerica Estate Account in an easy-to-read format;
- A book of draft checks giving you immediate access to your money.

The funds you don't need right away are held by Primerica Life's general account and continue to earn interest.

E. Monthly Statements - You will receive a statement of account each month by mail, showing withdrawals, interest credited, and any other account activity. If you should need a copy of a draft check, please call (800) 343-2551 and a photocopy will be forwarded to you. Any errors or omissions must be reported in writing to the above address no later than 15 days after you receive your statement.

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Primerica Estate Account Agreement

- F. Minimum Claim and Automatic Closeout** - You must be due a claim payment of \$10,000 or more in order to establish a Primerica Estate Account. You may withdraw part or all of the money at any time with no penalty or loss of interest. A minimum balance of \$2,500.00 is required to maintain the Primerica Estate Account. If the balance falls below \$2,500.00 at any month end after your account is established, your Primerica Estate account will be closed automatically. The balance in the account will be sent to you, together with any interest due, promptly after the end of the following month.
- G. Free Draft Check Services and Special Fees** - With the Primerica Estate Account, you pay nothing to open the Account. There are no fees for Account services - i.e. no monthly service charges and no charge for draft checks. The only charges you incur are for special situations, such as:
1. Insufficient funds - \$10.00 for each draft check presented for payment when there are insufficient funds available in your account. A draft check that exceeds available funds in your account will not be paid.
 2. Stop payment - \$15.00 for each stop payment order.
- H. Inactive Retained Asset Accounts** - If no funds are withdrawn or no affirmative directive has been provided by you during any continuous dormancy period under your state's unclaimed property laws, your account will be considered inactive. We will attempt to contact you at the address on record to allow you the option of keeping your Account or receiving the balance by check. If we cannot contact you, your funds will be at risk of escheatment to the state.
- I. Beneficiary Designation** - We will enclose a change of beneficiary form for you to name a beneficiary to whom the balance of the Primerica Estate Account will be paid in the event of your death. If no beneficiary is named, all available proceeds will be paid to your estate. In the case of Company insolvency, a lengthy delay is possible before a beneficiary can get the proceeds from the Primerica Estate Account.
- J. Entire Agreement** - This Agreement constitutes the entire Account contract between you and Primerica Life. Changes to this Agreement may be made only in writing, signed by an authorized officer of Primerica Life. No provision can be waived or changed by any other employee, representative or agent of Primerica Life. The rules and regulations concerning the use of the Estate Account, however, are subject to change by the Northern Trust Company at any time upon 10 days written notice.

Primerica Life Insurance Company reserves the right to make changes in the terms and conditions of this account, including selecting a different benchmark on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to you. You will have reasonable time to agree to these changes. Continuation of the account will affirm agreement to those changes.

Please call if you have any questions related to the foregoing.

Scott Bramlett

Vice President, Claims Department
Primerica Life Insurance Company

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Claim Form Statement

Please Attach a Certified Death Certificate

1. Deceased's Full Name _____
2. Other Names (including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias)

3. Policy Numbers _____
4. Deceased's Birth Date (MM/DD/YYYY) _____
5. Residence of Deceased at Death

Street Address

City _____ *State* _____ *Zip* _____
6. Date of Death (MM/DD/YYYY) _____
7. Place of Death _____
8. Cause of Death _____
9. Relationship to Deceased _____
10. If deceased has insurance with other companies, list names of companies and amounts below:

Name of Companies	Amounts

11. Marital Status of Deceased _____
12. Spouse's Name _____
13. Children of Deceased _____

The furnishing of this form or its acceptance by the Company shall not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

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Beneficiary Information

1. Beneficiary's Full Name _____

2. Date of Birth (MM/DD/YYYY) _____ 3. Social Security No. or Tax ID _____
Individual Beneficiary's Social Security Number / Estate Tax ID Number / Trust Tax ID Number

4. Permanent Address _____
(Number, Street, and Apt. or Suite No. - Do not use a P.O. Box or in care of address)

City _____ State _____ Zip _____

5. Mailing Address _____
(if different than above)

City _____ State _____ Zip _____

6. Cell Phone _____ 7. Other Phone _____
Area Code Phone Number Area Code Phone Number

Please select your method of payment

Primerica Estate Account Check Settlement Option # _____

(Refer to the Claim Instructions and the Policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 2. **Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.**

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. – You must cross out item 2 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 your tax return.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable under law. See the "State Fraud Warnings" page for important state specific fraud warnings.

By signing below, I acknowledge I have read the applicable fraud warning on the "State Fraud Warnings" page and I certify that all answers on this form are true and correct.

Name _____ Signature X _____
(Please Print) (See "Claim Instructions")

Date (MM/DD/YYYY) _____

The furnishing of this form or its acceptance by the Company shall not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

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State Fraud Warnings

Some states require specific fraud warning language be provided. Please read the fraud warning for the state where you live and the state where the policy was issued, if different.

Alabama – 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 – 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 – 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, Louisiana, Rhode Island, West Virginia – 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 or confinement in prison.

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

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

Washington D.C. – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida – 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 of the third degree.

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

Indiana – 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 – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

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

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State Fraud Warnings

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

New Mexico – 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 civil fines and criminal penalties.

Ohio – 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 – 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.

Pennsylvania – 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 subjects such person to criminal and civil penalties.

Puerto Rico – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas – 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.

Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For all other states – Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable under law.