American Century Life Insurance Company of Texas
(a stipulated premium company)
1333 W. McDermott Dr. #200
Allen, TX 75013
Phone (855) 966-1111, Fax (855) 855-0181

Annuity Claim Form

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.

Policy Information

Policy #: Issue Date: / / Amount:

Owner Information

Full Name: Date of Birth: / / SSN:

Address: City: State: Zip:

Date of Death: / / Place of Death: Benefits Amount: $

Beneficiary Information

Full Name: Relationship to insured: Phone #:

Address: City: State: Zip:

SSN: Date of Birth: / /

Option Elected by Beneficiary

☐ Lump sum withdrawal
☐ Full Trustee to Trustee transfer or 1035 exchange
☐ Spousal continuation
☐ Inheritance continuation

Tax Withholding

☐ I DO NOT want Federal Income Tax withheld.
☐ I DO want to have Federal Income Tax withheld at ☐ a rate of 10% or ☐ higher rate indicated here _____.

(1) REQUIRED DOCUMENTS: When submitting the claim please provide original copy of all documents including (1) this claim form, (2) death certificate, and (3) the original annuity policy or affidavit of lost policy.
(2) For an annuity with multiple beneficiaries, have each beneficiary complete this form and form W-4P and include one copy of the other required documents.
(3) The undersigned hereby authorizes the insurance company to request any information concerning the death of the insured that they may deem necessary. The undersigned hereby authorizes any physician or medical institution to provide such information when requested by the company.

Dated at: _____ This _____ day of _____

State of , County of: Signed:

Sworn and subscribed before me on this _____ day of _____

_____ Notary My commission expires _____

(Seal)