

PROOF OF DEATH/CLAIMANT STATEMENT

UTG, INC.

5250 South Sixth Street • P.O. Box 5147 • Springfield, Illinois 62705

Universal Guaranty Life (800) 323-0050
 Independent Order of Vikings (877) 241-6006
 UG/Genworth Life & Annuity (866) 662-2344
 IdeaLife Insurance (866) 579-9432

1. DECEDENT INFORMATION

| | | | | |
|--------------------------------------------------------------------------------------------|--------|-----------------------------------|-------------------------------------|----------------------------------|
| Deceased's Name in Full | | | Deceased's Social Security Number | |
| | | | - - | |
| Last | First | Middle | | |
| Deceased's Residence at Time of Death | | | | |
| | | | | |
| Number | Street | City | State | Zip Code |
| Date of Birth | | Nature of Death | | |
| / | / | Natural <input type="checkbox"/> | Accidental <input type="checkbox"/> | Suicide <input type="checkbox"/> |
| Month/Day/Year | | Homicide <input type="checkbox"/> | | |
| If other than Natural describe circumstances and attach any newspaper clippings or reports | | | | |
| Date of Death | | | | |
| / | / | | | |
| Month/Day/Year | | | | |

2. POLICY INFORMATION

Policy Number(s) _____

Check box if policy is lost or unavailable. Please Explain _____

If the policy is lost, misplaced, destroyed or not submitted, I hereby release and discharge the Company from any and all future claims and demands whatsoever under the original policy. If the original is ever found, it shall be returned to the Company.

The undersigned hereby makes claim to said insurance and understands that the furnishing of forms by the Company does not constitute an admission that there is any insurance in force. I authorize any physician or any other person who attended or examined the Insured or any hospital, (including veterans'), mental and/or drug/physical rehabilitation facility which the Insured was confined, treated or examined to disclose any information acquired thereby and to furnish all such information to the above named Insurance Company and their reinsurers. A photostatic copy of this authorization shall be considered as effective and valid as the original. The statements included herein are true and complete.

The undersigned agrees to indemnify and hold harmless the said Insurance Company from any costs, actions, losses or damages which it may suffer by virtue of payment of any proceeds under the above described policies and agrees to join into any litigation concerning the payment of said proceeds and furnish further proofs, if requested.

If this policy was issued or reinstated in the past two years, we may be conducting a routine claim review in accordance with the incontestability provision in the policy. Although not required when making a claim for life insurance benefits, an Authorization to Disclose Health Information may be needed during the processing of the claim.

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.

I have not been notified by the Internal Revenue Service that I am subject to a Back-up Withholding order on interest and dividends.

I have been notified by the Internal Revenue Service that I am subject to Back-up Withholding order on interest and dividends.

3. CLAIMANT INFORMATION

| | | | | | |
|-------------------------------------|--------|-----------------------------------|-----------------------------|--------------------------|-----|
| Claimant's Name (please print) | | Claimant's Social Security Number | | Date | Age |
| | | - - | | | |
| Claimant's Mailing Address | | | | | |
| | | | | | |
| Number | Street | City | State | Zip Code | |
| Claimant's Signature | | | | Relationship to Deceased | |
| | | | | () | |
| Claimant's Phone No. | | | | | |
| | | | | | |
| Witness Signature (unrelated adult) | | Date | Witness Name (please print) | | |
| | | | | | |
| Witness Address | | | | | |
| | | | | | |
| Number | Street | City | State | Zip Code | |

State Fraud Notices

| | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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, Maryland, Rhode Island, Texas, West Virginia | 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. |
| California | For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent claim for 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. |
| 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. |
| Delaware, Idaho, Indiana | A person who knowingly and with intent to defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony. |
| Florida | 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 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, 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. |
| Maryland | Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. The lack of the statement required above does not constitute a defense in any legal proceeding. |
| Minnesota | 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 | 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 N.H. Rev. Stat. Ann. § 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. |
| New York | 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. |
| 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. |
| Oregon | 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 | 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 intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand dollars nor more than ten thousand dollars, or imprisonment for a fixed term of three years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five years; if attenuating circumstances prevail, it may be reduced to a minimum of two years. |
| South Dakota | Any person who knowingly makes any false or fraudulent statement or representation with reference to any application for insurance is guilty of a Class 1 misdemeanor. Any person who knowingly presents or causes to be presented a false or fraudulent claim for the purpose of obtaining any money or benefit, or who submits any proof in support of such a claim for the payment of a loss upon a contract of insurance, or who prepares, makes, or subscribes a false or fraudulent account, certificate, affidavit or proof of loss, or other document or writing, with intent that the same may be presented or used in support of such a claim, is guilty of a Class 2 misdemeanor if such claim is for an amount of four hundred dollars or less; a Class 1 misdemeanor if such claim is for an amount greater than four hundred dollars and less than one thousand dollars; and a Class 4 felony if such claim is one thousand dollars or greater. |