

Conseco Fair Fund Reissue Request Form – Deceased Accountholder

This form is being provided for use by an individual who received a check written to a deceased accountholder (the Decedent) or to the Decedent's IRA or tax-qualified retirement plan or account. Please complete the form as follows:

- (1) Complete Sections A & F and sign the form; and
- (2) Mail the completed form, the voided distribution check, a copy of the Death Certificate, and any supporting documentation, to the Fund Administrator:

Conseco Fair Fund Administrator
P.O. Box 2555
Faribault, MN 55021-9555

The form must be postmarked on or before the end of the appeal filing period.

(Once the end of the appeal filing period has been determined, the date will be posted at www.consecofairfund.com.)

A. DECEASED ACCOUNTHOLDER INFORMATION:

Name (First, M.I., Last)	SSN or EIN	Check No. Received
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Insurance Company <i>(where variable annuity fund account is/was held)</i>	Reference No. <i>(reported on check)</i>
Spouse's Name (First, M.I., Last)		

B. YOUR INFORMATION: *(The Conseco Fair Fund Administrator may contact you to request additional documentation.)*

Name (First, M.I., Last)	
Street Address	Apt.
City	State
Zip	State of Residence
Email Address	
Preferred Phone Number	Alternate Phone Number

- I am designated as a beneficiary on the Decedent's account (beneficiary percentage: _____ %)*
- _____/_____/_____
Beneficiary Date of Birth (MM/DD/YYYY)
- _____
Beneficiary SSN or EIN
- I am the executor/personal representative
- _____
Estate EIN (if applicable)
- I inherited this payment pursuant to the Decedent's Will and/or applicable law.*

EXECUTOR/PERSONAL REPRESENTATIVE INFORMATION *(if different from above)*

Name (First, M.I., Last)				
Street Address	Apt.	City	State	ZIP
Email Address	Preferred Phone Number	Alternate Phone Number		

** The Conseco Fair Fund Administrator will contact the financial institution that held the Decedent's account and will request that it provide beneficiary information. If no such beneficiary information is available or if the Conseco Fair Fund Administrator is unable to locate the beneficiary reported by the financial institution, the Conseco Fair Fund Administrator may contact the executor, personal representative or individual specified in this Section to determine how to reissue the check.*

C. ADDITIONAL INFORMATION

Please provide additional information in the space provided below and enclose supporting documents that will help in the processing of your request. Supporting documents may include copies of court documents that list the estate executor, personal representative, or beneficiaries.

D. NOTIFICATION OF ELECTION FOR PAYEES OF NON-PERIODIC PAYMENTS (only for use when Decedent's check is written to an IRA)

The Distribution Payment you receive from the Conseco Fair Fund is subject to 10% federal income tax withholding unless you elect not to have withholding apply. You may elect not to have federal withholding apply to your distribution by checking the box below and returning the signed and dated form to the Fund Administrator.

If you elect not to have federal withholding apply to your Distribution Payment, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

ELECTION FOR PAYEES OF NON-PERIODIC PAYMENTS

Instructions: If you do not want any federal income tax withheld from your distribution, check the box below.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do not want to have federal income tax withheld from my distribution (only for use when Decedent's check is written to an IRA)

E. INSTRUCTIONS FOR ISSUING CHECK ó I elect to receive a distribution from the Conseco Fair Fund as follows (choose one):

- If check was written directly to the Decedent:** Issue a check in my name.
- If check was written to Decedent's IRA:** Issue a check in my name. I understand that the distribution will be subject to 10% federal withholding (and state withholding, if applicable) unless I have completed the election in Section D, above.
- If check was written to Decedent's retirement account, tax-qualified retirement plan or other non-IRA account:** Issue a check in my name, subject to 20% federal withholding and state withholding, if applicable.
- Spousal Beneficiary ONLY:** Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 plan as follows:

- Non-spousal Beneficiary:** Issue a check payable to my §408(d)(3)(c) Inherited IRA as follows:

F. SIGNATURE

I am a beneficiary or an heir authorized to receive this distribution payment. I understand that I may receive IRS Form 1099-R reporting this amount. I hereby affirm that the information given is true and correct, and authorize the Fund Administrator of the Conseco Fair Fund to make the distribution according to the instructions on this form. Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Employer Identification Number (or I am waiting for a number to be issued to me), 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct.

These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Exemption from FATCA reporting code (if any) _____.

You must cross out item 2 above 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.

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

Signature of Beneficiary or Heir

Printed Name

Date