

## Conseco Fair Fund Reissue Request Form – Lost or Expired Check

This form is being provided for use by an individual who has lost his or her Distribution Payment check or whose Distribution Payment check has expired. Please complete the form as follows:

- (1) Complete Section A;
- (2) Check the applicable box in Section B;
- (3) Sign your request in Section C; and
- (4) Mail the signed form (and the expired check if available) 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](http://www.consecofairfund.com).)*

*NOTE: If a check is more than 90 days old, the Fund Administrator will be able to reissue it only if the Conseco Fair Fund has not been completely exhausted. After receiving this completed form, it will take up to 90 days to determine if there are funds available to reissue the check. If there are funds available, the re-issue process will take approximately 4-6 additional weeks. If no funds are available, the Fund Administrator will notify you by mail.*

### A. ACCOUNTHOLDER INFORMATION:

Name (First, M.I., Last)	____/____/____ Date of Birth (MM/DD/YYYY)	SSN or EIN
Street Address                      Apt.	City	State              ZIP
Email Address	Preferred Phone Number	Alternate Phone Number
Insurance Company <i>(where variable annuity fund account is/was held)</i>	Check No.      Reference No. Received <i>(reported on check)</i> <i>(if available)</i> <i>(if available)</i>	State of Residence (Current)

### B. CHECK INFORMATION (IF KNOWN):

Please mark reason for reissue request:

- CHECK HAS BEEN LOST  
 CHECK HAS EXPIRED (Attach and return the expired check)

### C. CERTIFICATION AND SIGNATURE

I, the undersigned, certify and agree that I have personally completed this request and declare under penalty of perjury that the information submitted in this request is true, complete, and accurate, and that the documents submitted herewith are true and genuine.

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date