

National Security Life and Annuity Company

One Financial Way Cincinnati, Ohio 45242 P.O. Box 5363 Cincinnati, Ohio 45201-5363

# **USA PATRIOT Act Compliance Form**

This form is required to be completed for each Annuitant/Insured; and if different than the Annuitant/Insured, for each owner, payor, trustee and assignee. This form is also required on all beneficiaries when a claim is filed.

1. Contract/Policy Number	Inforce/Active 🗖 Pending	2. Insured/Annuitant	
3. Name (Check one) 🗖 Owner	Annuitant/Insured Jo	oint Owner 🛛 Payor 🗖 Assignee 🗖	Beneficiary
Information in items 4. through	8. is based upon "Name" show	n in 3. above.	
4. Street Address (Do not use P. C	D. Box) City	State	Zip
<b>5. Date of Birth 6. Taxpayer Identification Number</b> (SSN or TIN)			N or TIN)
7. Document Viewed		7a. Document Information	
State Issued Driver's License	State Issued ID Card	Issuing State/Country	
Military ID Card	Passport	ID Number	
$\square$ US Alien Registration Card	Other		
8. Entity Verification			
For a Corporation, Partnership,	LLC, Trust, Sole Proprietor, or ot	her entity please indicate and attach a copy of	the document reviewed.
Articles of Incorporation	LLC Operating Agreement	Partnership Agreement	orate Resolution
Organizing Documents	Trust Documents	Other	

### Important Information about procedures for opening a new account or entering into a contract or policy or making a claim.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or applies for a contract or policy.

### What does this mean for you?

When you open an account, apply for a contract or policy or make a claim, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We will also ask for a copy of your driver's license or other identifying documents.

**Certification:** Under penalties of perjury, I certify all of the following:

- 1. The number shown on this form is my correct 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. a. I am a U.S. citizen or U.S. resident, alien, or
  - b. A partnership, corporation, company or organization created or organized in the United States or under the laws of the United States, or
  - c. An estate (other than a foreign estate), or
  - d. A domestic trust (as defined under Regulations section 301.7701-7), and
- 4. I am exempt from FATCA reporting.

## Signature

I certify that I have reviewed and accurately recorded the documentation provided by the above-named individual.

### Agent Signature

Print Agent Name

This information must be recorded for all Owners, Annuitant/Insureds, Joint Owners, Payors, Trustees, Assignees and Beneficiaries.