

**GROUP LIFE INSURANCE - DEATH CLAIM REPORT
THE LAFAYETTE LIFE INSURANCE COMPANY**

ADDRESS: **ATTN:** Claims Department
1905 Teal Road
P. O. Box 7007
Lafayette, IN 47903-7007

Toll Free Phone Number 1-800-243-6631 EXT. 3714
Local Number (765) 477-7411 EXT. 3714
Fax Number (765) 477-3236
E-Mail Claims@llic.com

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW

Policyholder: _____ Policy No. _____
Employer _____ (Location of Employee if other than Policyholder main location)

1. Is this claim for (CHECK ONE):
 Employee Dependent

2. EMPLOYEE INFORMATION. ALWAYS FILL IN, EVEN IF DEPENDENT CLAIM. ATTACH COPY OF ENROLLMENT FORM FOR COVERAGE.
Employee Name: _____
Date of Birth: _____
Soc. Sec. No.: _____
Date of Hire: _____
Effective Date of Coverage: _____
State of Residence: _____
Date of Death (if applicable) _____
Date Last Worked (before death*) _____
*If a dependent claim, reference is to dependent's date of death. If last work date was not date of death, indicate reason Employee stopped active employment before death:
 Disability
 Date Began _____
 Nature of Disability _____
 Retirement
 Effective Date _____
 Vacation
 Date Began _____
 Other (explain) _____

3. OTHER NAMES: Has the employee been known by any other names other than his or her given name or legal name, such as maiden name, hyphenated name, nickname, a derivative form of his or her first and/or middle name, or an alias? Yes No IF "YES," PLEASE PROVIDE ANY OTHER NAME BY WHICH THE EMPLOYEE HAS BEEN KNOWN

4. PLEASE COMPLETE IF A DEPENDENT CLAIM. ATTACH COPY OF ENROLLMENT FORM FOR COVERAGE
Dependent Name: _____
Date of Birth: _____
Relationship to Employee: _____
Soc. Sec. No.: _____
Effective Date of Coverage: _____
State of Residence: _____
Date of Death: _____

If any beneficiary is a minor, and a guardianship (conservatorship) for the estate of the minor has been established, please provide us with a certified copy of the letters naming the guardian (conservator).
If student, name and address of educational institution: _____

If dependent was employed at death (full or part time), please provide name and address of employer:

5. OTHER NAMES: Has the dependent been known by any other names other than his or her given name or legal name, such as maiden name, hyphenated name, nickname, a derivative form of his or her first and/or middle name, or an alias?
 Yes No IF "YES," PLEASE PROVIDE ANY OTHER NAME BY WHICH THE DEPENDENT HAS BEEN KNOWN

6. Coverage and Premium Information
Coverage Amounts for:
Employee: _____ Basic Life
 _____ Supplemental Life
 _____ Optional Life

Please provide the Employee's:
Gross Annual Salary at Death* _____
Gross Annual Salary Before Last Increase: _____
Effective Date of Last Increase: _____
Insurance Classification: _____
Job Title : _____

Coverage Amounts for:
Dependent: _____ Basic Life
 _____ Supplemental Life
 _____ Optional Life

Were full premiums paid through date of death*?
 Yes No If "no," please explain

Was Evidence of Insurability required?
Employee Yes No
Dependent Yes No
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7. Beneficiary Information (death claim on employee)
NOTE: PLEASE PROVIDE ORIGINALS OF ALL FORMS COMPLETED BY THE EMPLOYEE ON WHICH EMPLOYEE NAMED OR CHANGED HIS OR HER BENEFICIARY

Full Name _____
 Address _____

 Date of Birth _____
 Soc. Sec. No. _____
 Relationship to Employee _____
 Full Name _____
 Address _____

 Date of Birth _____
 Soc. Sec. No. _____
 Relationship to Employee _____

IF MORE THAN TWO BENEFICIARIES, PLEASE USE ADDITIONAL INFORMATION SECTION BELOW - INCLUDE ABOVE INFORMATION FOR EACH ADDITIONAL BENEFICIARY

Is there a beneficiary dispute?
 Yes No. If "yes," please describe details below or attach a separate letter outlining the dispute.

If any beneficiary is a minor, and a guardianship (conservatorship) for the estate of the minor has been established, please provide us with a certified copy of the letters naming the guardian (conservator).

8. Accidental Death Claim Information
 Is claim being made for the accidental death benefit (if the claim is on the life of an employee)?
 Yes No
 If "yes" is checked, please provide the following:
 Cause of Death _____
 Coverage Amounts:
 _____ Basic
 _____ Supplemental
 _____ Optional

NOTE: Please provide us with copies of any police reports, coroner's reports and newspaper articles concerning the death which you may possess. We will need an Authorization for Release of Information signed by the appropriate survivor. We will also need to conduct a review of a claim for the accidental death benefits. Unless the employee's death was a homicide, we will not delay review of the claim for life coverages while we investigate the claim for accidental death. However, if the employee's or dependent's death was a homicide, we will need to obtain confirmation from the investigating authorities that the beneficiary is not a suspect in the death of the employee or dependent. **BE SURE TO PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITH THIS FORM.**

NOTE: UNLESS WE HAVE BEEN NOTIFIED TO THE CONTRARY, ANY CHECK FOR BENEFITS WILL BE MAILED TO THE POLICYHOLDER FOR DELIVERY TO THE EMPLOYEE (IN THE CASE OF A DEPENDENT DEATH CLAIM) OR BENEFICIARY (IN THE CASE OF AN EMPLOYEE DEATH CLAIM).
 Please use this space to provide any additional information _____

I hereby acknowledge that the above information is true, correct and complete. I certify that I am authorized to execute this form on behalf of the policyholder named above. I understand that The Lafayette Life Insurance Company will rely on this information in its review of the claim. I further understand that the submission of this form by The Lafayette Life Insurance Company to the policyholder does not constitute a waiver of any rights or defenses available to The Lafayette Life Insurance Company nor does the submission of this form to the policyholder constitute an admission of coverage on the above deceased which does not otherwise exist I hereby acknowledge that I have received and that I have read the accompanying **FRAUD WARNING**.

Date Form Completed _____
 Phone Number _____
 Fax Number _____
 (include area code)

 Signature of Authorized Representative of Policyholder
 Printed Name: _____
 Title _____
 Mailing Address: _____

 E-Mail Address: _____

NOTE: FAILURE TO FULLY COMPLETE THE ABOVE FORM CAN DELAY THE HANDLING OF THE CLAIM. IF INFORMATION IS OMITTED FROM THE FORM, WE RESERVE THE RIGHT TO REQUEST THAT YOU SUPPLEMENT THE INFORMATION ON THIS FORM IN WRITING. IN SOME CASES, WE WILL NEED TO REQUEST ADDITIONAL INFORMATION IN WRITING TO CLARIFY OR FURTHER EXPLAIN INFORMATION SUPPLIED ON THE ABOVE FORM.

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FRAUD WARNING

THIS FRAUD WARNING NOTICE IS FOR YOU TO KEEP. PLEASE DO NOT RETURN IT TO US WITH COMPLETED CLAIM.

Please do not be offended by this notice. We are required by the laws of various states to include a fraud warning in connection with any claim form issued by The Lafayette Life Insurance Company. Listed below are the required warnings. Please refer to your state of residence, on the list below, for the appropriate warning.

ARKANSAS, LOUISIANA OR 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 FINES AND CONFINEMENT IN PRISON.

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.

CALIFORNIA: A PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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.

DELAWARE OR IDAHO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

DISTRICT OF COLUMBIA: 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.

FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.

INDIANA: A PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

KANSAS: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATIONS OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

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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 OR TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELP COMMITS 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 RSA 638:20.

NEW JERSEY: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATION 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.

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.

INTERNAL REVENUE SERVICE FORM W-9

THE COMPANY DOES NOT AGREE, UNDER THE TERMS OF THE GROUP LIFE INSURANCE POLICY, TO PAY INTEREST ON A CLAIM. HOWEVER, THE LAWS OF SOME STATES MAY REQUIRE THAT INTEREST BE PAID IN CERTAIN CIRCUMSTANCES. IF INTEREST IS PAID, WE HAVE CERTAIN REPORTING OBLIGATIONS TO THE INTERNAL REVENUE SERVICE. THE INTERNAL REVENUE SERVICE REQUIRES, IN SUCH A CASE, THAT WE REQUEST AND OBTAIN A SIGNED INTERNAL REVENUE SERVICE FORM W-9 FROM THE CLAIMANT TO WHOM SUCH INTEREST IS PAID. A BLANK FORM W-9 IS ATTACHED. THE CLAIMANT'S COMPLETION OF THIS FORM IS A CERTIFICATION OF THE CLAIMANT'S TAX IDENTIFICATION NUMBER AND A CERTIFICATION THAT THE CLAIMANT IS NOT SUBJECT TO BACKUP WITHHOLDING. IF INTEREST IS PAYABLE TO A CLAIMANT, WE WILL NEED TO HAVE THE CLAIMANT SIGN A FORM W-9. SUBMITTING A SIGNED FROM W-9 FROM EACH CLAIMANT WILL EXPEDITE THE HANDLING OF THE MATTER. ADDITIONAL COPIES OF THE ATTACHED FORM CAN BE MADE IF NEEDED. THE FORM CAN ALSO BE OBTAINED FROM THE INTERNAL REVENUE SERVICE WEBSITE (WWW.IRS.GOV).

SEE NEXT PAGE FOR BLANK FORM W-9 AND ACCOMPANYING INSTRUCTIONS FOR THE FORM

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Form W-9 (Rev. 1-2005)

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4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

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- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments; attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

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Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.