Transamerica Life (Bermuda) Ltd.
(Incorporated in Bermuda with limited liability)

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DEATH CLAIM FORM

IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda) is committed to making the claim assessment as smooth as possible. Please submit this Death Claim Form and provide all the required documents to enable your claim to be processed as quickly as possible. Failure to submit a signed and completed Death Claim Form may result in Transamerica Life Bermuda being unable to process or pay out your claim.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

Before completing this form, please read the instructions below.

Capitalised terms in this form have the same meaning as defined in the policy.

INSTRUCTIONS

1. Each claimant/Beneficiary is required to complete and sign a separate Death Claim Form. If any of the Beneficiaries designated under the policy have died, a certified copy of the deceased beneficiary's death certificate must be provided.

2. Please provide one original or certified copy of the deceased insured's death certificate, regardless of the number of claimants and/or policies.

3. If the Death Benefit is payable to the Policy Owner's estate or the executor or administrator of the Policy Owner's estate, this Death Claim Form should be completed by the legally appointed executor or administrator. A court certificate of the appointment or equivalent (such as a Grant of Probate or Letters of Probate) must be provided.

4. If the Death Benefit is payable to a minor, this Death Claim Form is to be completed by the legal guardian (or equivalent under applicable laws) of that minor. A court certificate of the appointment or equivalent must be provided.

5. If the Death Benefit is payable to a trust, the trustee(s) should complete this Death Claim Form and attach a statement that the trust is currently in force and that each of the trustee(s) remains validly appointed. The trustee(s) should furnish a certified copy of the relevant trust document(s) regarding their appointment (or other evidence satisfactory to Transamerica Life Bermuda).

6. If the Policy has been assigned as security, this Death Claim Form must be completed by the collateral assignee (with evidence of the security amount owed). If the indebtedness secured by the assignment as security is less than the death benefit payable under the policy, a separate Death Claim Form must also be completed by the Beneficiary(ies). Transamerica Life Bermuda will, in accordance with the Life Insurance Act
1987 of Bermuda, pay to the assignee the Death Benefit (or proportion thereof) to the extent of the security. Any residual amount of the Death Benefit will be paid to the Beneficiary(ies) (if applicable) or the Policy Owner.

7. **For U.S. Claimants:** Under current U.S. federal tax laws, each U.S. claimant is required to provide us with a U.S. Social Security number or Tax ID Number and certify that you are not subject to backup withholding under the Inland Revenue Code ("IRC"). If you are a U.S. person subject to the backup withholding rules of the IRC, we are required to withhold 28% of any reportable interest payment. Transamerica Life Bermuda does not offer tax or legal advice. As tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.

FRAUD

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/or confinement in prison.

TLB 1535BME DCF 0926

Policy Number		Producer Name & ID Number (if known)	
Policy Owner's Name			
Collateral Assignee's Name (if applicable)			

A. Deceased Insured's Information

Given Name(s)		Surname	
ID/Passport Number			
Address	Number/Street/Building		
	City	State/Province	
	Country	Postal Code	
Date of Birth	(dd/mm/yyyy)	Place of Birth	
Date of Death	(dd/mm/yyyy)	Place of Death	
Cause of Death			

Date first consulted to a Doctor/hospital for the cause of death	(dd/mm/yyyy)
Name and address of usual Doctor	
Name and address of Doctor consulted for underlying illness/ cause of death	

If cause of death was due to accident, please provide details and any police report available:

_____

_____

Names of all medical practitioners who attended the deceased within the last 5 years preceding the death:

Name	Address	Date of Attendance	Diagnosis
		(dd/mm/yyyy)	
		(dd/mm/yyyy)	

Please provide additional document(s) if necessary

Was the deceased insured with other insurers? If yes, please provide details:

Name of Insurer	Policy Number	Coverage Effective Date	Insurance Amount
		(dd/mm/yyyy)	
		(dd/mm/yyyy)	
		(dd/mm/yyyy)	

B. Claimant's Information

☑Select the box that applies

In what capacity do you claim the Death Benefit?	☐ Policy Owner ☐ Beneficiary ☐ Collateral Assignee ☐Other (please specify) _____

INDIVIDUAL

Given Name(s)			Surname	
ID Number and Passport Number	ID Number			
	Nationality		Country of Issue	
	Passport Number		Date of Expiry	(dd/mm/yyyy)
	If more than one nationality, please provide details:			
Other Nationality and Passport Number	Nationality		Country of Issue	
	Passport Number		Date of Expiry	(dd/mm/yyyy)
Date of Birth	(dd/mm/yyyy)		Place of Birth	
Current Residential Address	Number/Street/Building			
	City		State/Province	
	Country		Postal Code	
Permanent Address (if current residential address is temporary)	Number/Street/Building			
	City		State/Province	
	Country		Postal Code	
Phone Number			Mobile	
Email			Relationship to the deceased insured	

ENTITY

Full Entity Name				
Address	Number/Street/Building			
	City		State/Province	
	Country		Postal Code	
Phone Number			Email	
Certification of Incorporation/Business Registration Number				

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C. Payment Instructions

I/We hereby authorise Transamerica Life Bermuda to arrange payment of the Death Benefit (or a proportion thereof, as applicable) by Telegraphic Transfer in accordance with the following:

Claimant's bank account information - payment will be made to the claimant only.

Beneficiary Account Holder Name	
Beneficiary Account Number	
Beneficiary Swift Code	
Beneficiary Bank Name	
Beneficiary Bank Address	
Correspondent Bank Information (if applicable)	
Correspondent Bank Name	
Correspondent Bank Swift Code	
Correspondent Bank Address	

Lost Policy Declaration

☑Select the box that applies

☐ I/we, hereby, declare that the above policy was lost and could not be located despite diligent efforts. If the original policy document should come into my/our possession, I/we will immediately deliver it to Transamerica Life Bermuda.

Declaration, Consent and Authorisation

I/We, BEING THE CLAIMANT, HEREBY CONSENT AND AUTHORISE:

a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of the insured's health and medical history or treatments to provide such information about the insured (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of the insured's physical or mental conditions and/or treatments to Transamerica Life Bermuda (or its legal representatives); and

b) Transamerica Life Bermuda to disclose such medical or other information about the Insured which has been provided to Transamerica Life Bermuda or which Transamerica Life Bermuda develops during its evaluation of any application or claim for life insurance to: (i) its reinsurers; (ii) any other insurance company that the Insured may designate; (iii) the insured's insurance intermediary, when that insurance intermediary is seeking insurance coverage through Transamerica Life Bermuda on the insured's behalf; (iv) any medical professional that the insured may have designated; and (v) any person or entity entitled to receive such information by law.

Personal Information Collection Statement

Transamerica Life Bermuda is committed to complying with the mandatory data protection laws of any applicable jurisdictions in relation to the collection, use, transfer, retention and storage of your personal data.

Collection

From time to time, it will be necessary for customers or other persons to supply Transamerica Life Bermuda with personal data in connection with the establishment or continuation of a business relationship, the provision of products or services, or the processing or payment of a claim. Failure to supply such data may result in Transamerica Life Bermuda being unable to establish or continue the business relationship, provide you with our products and services, or process or pay out a claim.

Purpose

The personal data collected by Transamerica Life Bermuda on this form, any supplementary forms, any other documents as part of your insurance application, any claims documentation or elsewhere from time to time may be used for the following purposes:

a) processing, evaluating and underwriting your insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments or renewals of your insurance policy;

b) administering your insurance policy and providing services, including access to and maintenance of any online platform in relation to your insurance policy;

c) investigating, processing and paying any claims under your insurance policy or an insurance policy under which any moneys may be payable to you;

d) invoicing and collecting premiums and outstanding amounts from you;

e) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;

f) arranging reinsurance;

g) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and

h) complying with the requirements under any laws and regulations, codes, guidelines, court order and requests from any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Bermuda) that is assumed by or imposed on Transamerica Life Bermuda or any related companies of Transamerica Life Bermuda including Transamerica Life Bermuda's ultimate parent company, and any companies which are directly or indirectly held or controlled by such ultimate parent company (the "related companies") by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies, or any internal policy of Transamerica Life Bermuda or any of its related companies.

It is Transamerica Life Bermuda's policy not to keep personal data for longer than is necessary for the fulfillment of the purpose for which that data is or is to be used.

Personal Information Collection Statement (continued)

☑Select the box that applies

Transferees

The personal data collected by Transamerica Life Bermuda will be kept confidential. However, subject to any applicable laws, Transamerica Life Bermuda may disclose your personal data for the above purposes to the following classes of transferees (whether in Bermuda or elsewhere) ("Transferees"):

a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);

b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;

c) in the event of default, debt collectors and recovery agents;

d) insurance reference bureaus or credit reference bureaus;

e) reinsurers and reinsurance brokers;

f) any insurance intermediary which services your policy (including your insurance broker (if you have one), and its successors or assigns;

g) the owner of the policy (if different from the insured);

h) Transamerica Life Bermuda's legal and professional advisors;

i) Transamerica Life Bermuda's related companies;

j) government agencies and authorities as required or permitted by law; and

k) local regulators, governmental bodies, or industry recognised bodies (including, but not limited to, any tax authorities).

In connection with the purposes outlined above, we may transfer your personal data outside Bermuda to any of the Transferees. Such Transferees may be situated in jurisdictions including but not limited to Singapore, Hong Kong, United States, Netherlands, Switzerland and/or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as, any mandatory data privacy laws of Bermuda. That means your personal data may or may not be protected to the same standard as is required in Bermuda.

With your prior consent, Transamerica Life Bermuda may also use and disclose your personal data otherwise than as set out above.

Acknowledgement and Consent

The undersigned acknowledges and agrees that, by signing this form, the undersigned consents to the collection, use and disclosure of personal data by Transamerica Life Bermuda as set out above in this Personal Information Collection Statement.

Please indicate your consent to the transfer of your data outside Bermuda by ticking the box below. Failure to provide your consent will result in Transamerica Life Bermuda being unable to establish or continue the business relationship, provide you with our products or services, or process or pay out a claim.

☐ I/We consent to the transfer of my/our personal data outside Bermuda.

Please indicate your consent to the transfer of your data outside Switzerland by ticking the box below. Failure to provide your consent will result in Transamerica Life Bermuda being unable to establish or continue the business relationship, provide you with our products or services, or process or pay out a claim.

☐ I/We consent to the transfer of my/our personal data outside Switzerland.

I/We consent to the transfer of my/our personal data provided in this form, any supplementary forms, and as otherwise provided as part of my/our insurance application or any claims documentation, outside Switzerland to Transamerica Life Bermuda and the Transferees for the purposes set out in this Personal Information Collection Statement. I/We understand that the Transferees may be located in countries including but not limited to Hong Kong, Singapore, Bermuda, the United States, Netherlands and/or the United Kingdom. I/We understand that in those countries there may not be in place data protection laws which are substantially similar to, or serve the same purposes as the data protection laws of Switzerland and understand that this means that my/our personal data may not be protected to the same standard as is required in Switzerland.

Access to and correction of personal data:

It is mandatory to provide all of the personal data requested in this form. Failure to provide all the personal data requested in this form may mean that Transamerica Life Bermuda is unable to process your request. You may seek access to and request correction of any personal data Transamerica Life Bermuda holds about you by sending a written request to: Ms. Norris Leung, The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Mintflower Place, 5th floor West, 8, Par-la-Ville Road, Hamilton, HM08, Bermuda.

A reasonable fee may be charged to offset any administrative and other costs incurred by us in complying with your data access requests.

Declaration by Claimant

☑Select the box that applies

I/We declare that all the information provided in this form is true, accurate and complete.

I/We agree that payment made to me/us pursuant to this claim in the manner as directed above fully and finally satisfies and discharges.

TLB's payment obligations to me/us under the policy and no further claim will be made by me/us under the policy.

I/We understand that certain foreign jurisdictions may impose a tax based on the citizenship or residency of the insured, policy owner and/or beneficiary. Such tax may be assessed against the policy owner, the insured, the beneficiary and/or the insurer. I/We agree to report and remit any such applicable tax(es) to the relevant taxing authority in a timely manner, failing which I/we agree to fully indemnify and reimburse Transamerica Life Bermuda from and against all such taxes. I/We confirm further that Transamerica Life Bermuda has made no representations about the tax treatment of the Policy or any benefits paid thereunder, and that I/we have had a reasonable opportunity to obtain all relevant independent financial, tax, legal and other applicable professional advice in the jurisdictions in/with which I am a resident, citizen or otherwise connected.

I/We confirm that I/we am/are not an undischarged bankrupt, subject to any winding up, receivership or judicial management proceedings, and that there are no pending or threatened bankruptcy or winding up, receivership or judicial management proceedings against me/us.

Signature of Claimant

Signed at	(City, Country)	Date	(dd/mm/yyyy)
Name		Phone Number	
Signature (if a corporation or other entity, include corporate title or title of authorised signatory)		X	

I, the undersigned, hereby consent to the collection and use of my personal data by Transamerica Life Bermuda for the purpose of verifying and confirming the identity(ies) of the signatory(ies) of this form.

Signature of Witness to Claimant

Signed at	(City, Country)	Date	(dd/mm/yyyy)
Name		Phone Number	
ID Number		Signature	
_____ Type ☐ ID ☐ Passport ☐ Other _____		X	

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Claim Document Checklist

Document Type	Natural Death	Accidental Death
Deceased Insured's Death Certificate (Original or Certified True Copy)	✓	✓
Deceased Insured's ID (Original or Certified True Copy)	✓	✓
Claimant's ID (Original or Certified True Copy)	✓	✓
Original Policy or Lost Policy Declaration	✓	✓
Attending Physician Form	If applicable	If applicable
Police Report/Traffic Accident Report		✓
Crematorium Permit	If applicable	If applicable
Post Mortem or Coroner's Report	If applicable	✓
Optional (if applicable)		
Deceased Beneficiary's Death Certificate (Original or Certified True Copy)	✓	✓
Birth Certificate of Minor Beneficiary	✓	✓
Legal Guardianship Document for Minor Beneficiary (Original or Certified True Copy)	✓	✓
Grant of Probate/Letters of Probate (Original or Certified True Copy)	✓	✓
Trustee(s) Appointment Document (Certified True Copy)	✓	✓
Evidence of Assignment as Security and amount of security	✓	✓
Newspaper Clippings		If applicable

In addition, we may require the following:

a) Relationship Proof (if applicable) – copy of birth certificate, marriage certificate or equivalent; and

b) AML, customer due diligence documents and other documents as required by us to complete the claim assessment at the time of claim.