



AuguStarSM Life Insurance Company
AuguStarSM Life Assurance Corporation

USA Patriot Act Compliance Form
Form # 6415

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

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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.

Contract Information

This contract is:

☐ Inforce/Active (if this option is selected provide the contract number below.)

☐ Pending

Annuity Contract Number(s): _____

Annuitant Name: _____

Owner Name: _____

Individual's Information

The information below is being completed for the:

(Check one)

☐ Owner

☐ Annuitant

☐ Joint Owner

☐ Payor

☐ Assignee

☐ Beneficiary

Individual's Name: _____

SSN/TIN: _____

Address (Do not use P.O. Box): _____

DOB: _____

Document Viewed to Confirm Individual Identity

Check on, then complete the Document Information Section below.

☐ State Issued Driver's License

☐ State Issued ID Card

☐ Military ID Card

☐ Passport

☐ US Alien Registration Card

☐ Other: _____

Document Information

Issuing State: _____

Issuing Country: _____

ID Number: _____

Expiration Date: _____

Entity Verification, if applicable

For a Corporation, Partnership, LLC, Trust, Sole Proprietor, or other entity please indicate and attach a copy of the document reviewed.

☐ Articles of Incorporation

☐ LLC Operating Agreement

☐ Partnership Agreement

☐ Corporate Resolution

☐ Organizing Documents

☐ Trust Documents

☐ Other: _____

Important Information

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 IRA has notified me that I am no longer subject to backup withholding, and
3. I am:
 - 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.

Signatures

The individual to whom this form pertains should sign this document.

Name (print): _____

Phone Number: _____

Signature: _____

Date: _____

Financial Professional signature

Financial Professional Name (print): _____

Phone Number: _____

Financial Professional Signature: _____

Date: _____