

Claim Procedures

Claims submitted including and prior to October 22, 2008:

You most likely have already filed information on these claims. You do not need to refile these claims. You do need to complete and file a Release and a W-9.

Need to File

- Release—one release for all claims including and prior to October 22, 2008
- W-9 with the first claim—only once unless changes

Probably have already filed

- Copy of the Death Certificate
- Verified Statement of Performance—You may use the NPS form signed by the next of kin
- Itemized Funeral Home Bill for Merchandise and Services

And send it to the Receiver in Texas:

By Mail:

Claims Department
P.O. Box 160050
Austin, TX 78716

By Fax:

Claims Department - (512) 328-0072

Do not call the receiver in Texas as they are processing claims and do not have the staff to respond to inquiries. Any calls to them slow down their ability to pay your claim as soon as possible. You may visit their website at <http://www.lincolnmemoriamlife.com/>

GENERAL RELEASE, SUBROGATION, ASSIGNMENT AND INDEMNITY AGREEMENT
FOR CLAIMS PENDING AS OF OCTOBER 22, 2008
[FOR USE IN MISSOURI ONLY]

FUNERAL SERVICE PROVIDER IDENTIFYING INFORMATION:

Name: _____
(referred to as "Releasor" in this Agreement)

Address: _____

Phone: _____

Email: _____

Release

In consideration of the provision of coverage by the Missouri Life & Health Insurance Guaranty Association (the "Association") with respect to funeral service claims submitted in proper form on or before October 22, 2008, by Releasor to the Special Deputy Receiver of Lincoln Memorial Life Insurance Company ("Insurer") with respect to any life insurance policies ("Policies") issued by Insurer providing a Death Benefit Amount payable to Releasor, and other good and valuable consideration, Releasor and Releasor's heirs (if any), personal representatives, guardians, assigns, successors, agents, and all other persons claiming by or through Releasor do hereby release and discharge the Association, its members, affiliates, agents, attorneys, employees, successors and assigns (collectively the "Association and Related Parties") of and from any and all actions, causes of action, claims, demands, costs, expenses, compensation and any and all consequential or special damage or other damage, past, present or future, whether known or unknown, on account of or in any way arising out of said Policies. This release is not intended in any way to release or discharge any person or entity other than the Association and Related Parties as set forth herein.

Subrogation, Transfer and Assignment

In further consideration of the provision of coverage set forth herein, in accordance with §376.733 R.S. Mo., to the extent of the Death Benefit Amount received (including payments of or on account of contractual obligations, continuation of coverage or provision of substitute or alternative coverages), Releasor hereby sells, transfers and assigns any and all of Releasor's past, present and future claims, rights, demands, actions and causes of action against Insurer to the Association (and its successors and assigns) which shall be subrogated to all of Releasor's rights under said Policies and which may bring any action or suit for the recovery of any damages or losses sustained by Releasor as deemed best or appropriate by the Association in its sole and absolute discretion.

Further, up to the Death Benefit Amount, Releasor hereby sells, transfers and assigns to the Association, its successors and assigns, any and all past, present and future claims, demands, actions, rights and/or causes of action Releasor may have against Insurer and any other persons or entities related in any way to said Policies and/or any losses arising under, resulting from, or otherwise relating to said Policies and the Association (and its successors and Assigns) shall have full power and authority for its own use and benefit, at no cost to Releasor, to ask, demand, collect, prosecute, dismiss or settle any suit or proceedings at law or in equity against Insurer or any other persons or entities in Releasor's name. Releasor further agrees to cooperate with the Association (and its successors and Assigns) in its prosecution of any suits

or proceedings against Insurer and all other persons or entities, and will voluntarily testify on behalf of the Association (and its successors and Assigns), if asked.

Indemnity

In further consideration of the provision of coverage by the Association, with respect to said Policies and other good and valuable consideration, Releasor agrees to indemnify, defend, and hold harmless

(a) the Association, in its individual and official capacity, its board of directors, officers, employees, predecessors, successors, assigns, member insureds, third party administrators, consultants, legal representatives, and attorneys;

(b) the National Organization of Life and Health Insurance Guaranty Associations (NOLHGA) in its individual and official capacity, its board of directors, officers, employees, predecessors, successors, assigns, member Associations, task force members, third party administrators, consultants, legal representatives, and attorneys; and

(c) Mike Geeslin, permanent receiver, his predecessors and successors, including but not limited to the Special Deputy Receiver for Lincoln Memorial Life Insurance Company, Memorial Service Life Insurance Company and National Prearranged Services, Inc.,

from any and all claims, liens, demands, damages, actions, causes of action, suits in equity, of whatever kind and nature, that may be alleged by any Insured and Insured's heirs (if any), personal representatives, guardians, assigns, successors, agents, and all other persons claiming by or through any Insured relating to Association's coverage to Insured and/or Releasor. For the purpose of this indemnity, "Insured" means those persons for whom funeral services or merchandise was provided by Releasor and for which claims have been made by the Releasor in proper form on or prior to October 22, 2008.

Releasor has carefully read the foregoing Agreement and knows the contents hereof and has signed this Agreement voluntarily and with full knowledge of its contents.

The undersigned is legally authorized to sign this Agreement and bind Releasor. Releasor represents and warrants that it has no knowledge or information that any prerequisites to the payment of death benefits including but not limited to the payment of all premiums to the Insurer have not been satisfied.

Date: _____

Name: _____

Title (if any): _____

Signature: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer 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. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,