

PROOF OF CLAIM AND RELEASE FORM

Deadline for Submission: October 29, 2021

If you purchased a SecurePlus Provider and/or SecurePlus Paragon indexed universal life insurance Policy between September 24, 2006, and April 27, 2014 (“Class Period”), resided in California at the time the Policy was issued by Life Insurance Company of the Southwest (“LICS”), and received an illustration *on or before* the date of policy application, you are a “Class Member” and you may be entitled to share in the settlement benefits.

Excluded from the Class are (i) policyholders who only received an illustration *after* the date of policy application; (ii) past or present officers, directors, agents, brokers, or employees of LICS, or its parent or subsidiary corporations; (iii) any agents, brokers, or others who sold the SecurePlus Provider or SecurePlus Paragon Policies for LICS, or for its parent or subsidiary corporations; (iv) any entity in which LICS has a controlling interest; (v) the affiliates, legal representatives, attorneys, or assigns of LICS or its parent or subsidiary corporations; (vi) any judge, justice, or judicial officer presiding over this matter and the staff and immediate family of any such judge, justice, or judicial officer; (vii) Persons who previously had settled disputes with LICS with respect to their SecurePlus Provider or SecurePlus Paragon Policies and signed releases; and (viii) any Person who submitted a valid request to be excluded from the Class.

If you are a Class Member, you must complete and submit this proof of claim and release form (“Proof of Claim Form”) in order to be eligible for settlement benefits.

You must complete and sign this Proof of Claim Form. You can complete and submit the electronic version of this Proof of Claim Form by **11:59 p.m. EST on October 29, 2021**, at LSWClassAction.com or mail this Proof of Claim Form by First-Class Mail, postmarked no later than **October 29, 2021**, to Epiq Class Action & Claims Solutions, Inc., the Claims Administrator, at the following address:

Walker v. LICS Class Action
c/o Epiq Class Action & Claims Solutions, Inc.
P.O. Box 5053
Portland, OR 97208-5053

YOUR FAILURE TO SUBMIT YOUR CLAIM BY October 29, 2021, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY RELIEF IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL, AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

IF YOU ARE A CLASS MEMBER AND DO NOT SUBMIT A PROPER PROOF OF CLAIM FORM, YOU WILL NOT SHARE IN THE SETTLEMENT BUT YOU NEVERTHELESS WILL BE BOUND BY THE ORDER AND FINAL JUDGMENT OF THE COURT UNLESS YOU EXCLUDED YOURSELF FROM THE CLASS.

SUBMISSION OF A PROOF OF CLAIM DOES NOT ASSURE THAT YOU WILL SHARE IN THE BENEFITS OF THE SETTLEMENT.

CLAIMANT’S STATEMENT

1. I (we) purchased a SecurePlus Provider and/or SecurePlus Paragon indexed universal life insurance Policy during the Class Period, resided in California at the time the Policy was issued by LICS, and received an illustration *on or before* the date of policy application. (Do not submit this Proof of Claim Form if you did not purchase a SecurePlus Provider and/or SecurePlus Paragon indexed universal life insurance Policy during the Class Period, did not reside in California at the time the Policy was issued by LICS, and/or did not receive an illustration *on or before* the date of policy application.)
2. By submitting this Proof of Claim Form, I (we) state that I (we) believe in good faith that I am (we are) a Class Member(s) as defined above and in the Notice of Pendency and Proposed Settlement of Class Action (“Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive the Cash Relief Option, Surrender Charge Credit, or Term Insurance Relief, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I (we) have set forth where requested below all relevant information with respect to each Paragon or Provider Policy I purchased during the Class Period that causes me to fall within the Class (the “Underlying Life Insurance Policy”). I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
4. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim Form. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proof of Claim Form.
5. I (we) understand that the information contained in this Proof of Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information.)
6. I (we) agree and acknowledge that my (our) signature(s) hereto confirms my understanding that the Court’s approval of the Settlement, as detailed in the Notice, shall effect and constitute a full and complete release, remise, and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers, and assigns (or, if I am [we are] submitting this Proof of Claim Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the “Released Defendant Parties” of all “Released Plaintiffs’ Claims,” as those terms are defined in the Stipulation.
7. I (we) agree and acknowledge that my (our) signature(s) hereto confirms my understanding that the Court’s approval of the Settlement, as detailed in the Notice, shall effect and constitute a covenant by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers, and assigns (or, if I am [we are] submitting this Proof of Claim Form on behalf of a corporation, a partnership, estate, or one or more other persons, by it, him, her, or them, and by its, his, her, or their heirs, executors, administrators, predecessors, successors, and assigns) to permanently refrain from prosecuting or attempting to prosecute any Released Plaintiffs’ Claims against any of the Released Defendant Parties.
8. “Released Defendant Parties” has the meaning laid out in the Stipulation.
9. “Released Plaintiffs’ Claims” has the meaning laid out in the Stipulation.
10. “Unknown Claims” has the meaning laid out in the Stipulation.
11. I (we) acknowledge that the inclusion of “Unknown Claims” in the definition of Released Plaintiffs’ Claims pursuant to the Stipulation was separately bargained for and is a material element of the Settlement of which the release is a part.
12. NOTICE REGARDING ONLINE FILING: Claimants may submit their claims online using the electronic version of the Proof of Claim Form hosted at LSWClassAction.com.

<p>Surrender Charge Credit</p> <p>Please initial here:</p> <p>_____ if you elect to fully surrender your Underlying Life Insurance Policy, incur any applicable surrender charge, and receive the Surrender Charge Credit as further described in the Notice.</p>	<p>You are entitled to Surrender Charge Credit if you meet all of the following criteria:</p> <ul style="list-style-type: none"> • You are a Class Member and elect Surrender Charge Credit on this form (immediately to the left by signing your initials); and • You have an in-force Underlying Life Insurance Policy <i>and you wish to fully surrender it, including incurring a surrender charge as applicable under your Policy. Electing this relief will result in the full surrender of your Underlying Life Insurance Policy and you will incur any applicable surrender charge before the Surrender Charge Credit is distributed.</i>
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IV. CERTIFICATION

I (We) submit this Proof of Claim Form under the terms of the Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Central District of California, with respect to my (our) claim as a Class Member and for purposes of enforcing the release and covenant not to described herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in this Action. I (We) have not submitted any other claim covering the same Underlying Life Insurance Policy or Policies during the Class Period and know of no other Person having done so on my (our) behalf.

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because (a) I am (We are) exempt from backup withholding; or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT, AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

Signature

Signature

(Capacity of person[s] signing, e.g., beneficial Purchaser[s], executor, administrator, trustee)

Check here if proof of authority to file is enclosed. (See Item 2 under Claimant's Statement)

Date:

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THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED NO LATER THAN October 29, 2021, AND MUST BE MAILED TO THE FOLLOWING ADDRESS:

Walker v. LICS Class Action
c/o Epiq Class Action & Claims Solutions, Inc.
P.O. Box 5053
Portland, OR 97208-5053

A Proof of Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by October 29, 2021, and if a postmark is indicated on the envelope and it is mailed First-Class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

The Claims Administrator will acknowledge receipt of your Proof of Claim Form by mail or email within 30 days of receipt. Your claim is not deemed filed until you receive such an acknowledgement. If you do not receive an acknowledgement within 30 days, please contact the Claims Administrator by telephone toll free at 1-877-432-3865 or by email at info@LSWClassAction.com.

If you elect the Term Insurance Relief or Surrender Charge Credit on this Proof of Claim Form, please complete and submit the accompanying Term Insurance Application or Surrender Form. In order to receive a Term Insurance Policy or Surrender Charge Credit, you must timely submit to the Claims Administrator a valid and complete Term Insurance Application or Surrender Form, respectively, with this Proof of Claim Form.

You should be aware that it will take a significant amount of time to process fully all of the Proof of Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim Form. Please notify the Claims Administrator of any change of address.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim Form on page 4. If this Proof of Claim Form is submitted on behalf of joint claimants, then each claimant must sign.
- If you move or change your address, telephone number, or email address, please submit the new information to the Claims Administrator, as well as any other information that will assist us in contacting you. NOTE: Failure to submit updated information to the Claims Administrator may result in the Claims Administrator's inability to contact you regarding issues with your claim or deliver payment to you.