

**DECLARATION OF DONATION
COUNCIL APPROVAL**

For County Council's approval consistent with Policy 1006

(Cash donations above \$5,000; property donations above \$1,000; Testamentary donations.)

I, _____, irrevocably give, and where appropriate transfer, title to the property described below to Salt Lake County to become permanent property of Salt Lake County and to be administered in accordance with its established policies. I assign and transfer all rights, including any copyrights that I possess on these properties to Salt Lake County, without restrictions or conditions except those noted below under "Other provisions or restrictions."

Description of donation:

Value (estimated by the donor):

Date of transfer of title and delivery:

Other provisions or restrictions, if any:

Donor Name: _____
Please Print Donor SignatureDonor Address: _____, _____
Address State Zip_____
Elected Official/Mayor or Designee Date

Salt Lake County hereby accepts the above donation under the conditions specified within this Declaration of Donation form, but makes no judgment as to the value of the Donation.

SALT LAKE COUNTY COUNCIL: _____
Chair DateATTEST: _____
County Clerk or Deputy County Clerk



David M. Kelly, CLU, ChFC
Registered Representative
Equity Services, Inc.

May 15, 2020

Attention: Jamie Johanson
Salt Lake County Animal Control
511 West 3900 South
Salt Lake City, Utah 84123

Dear Jamie:

I have enclosed the claim form and death certificate for Phoebe Lynn Croft. This will take care of the two policies of which your organization is the beneficiary. Please send this Certificate of Death, along with the claim form, to the insurance company.

If you have any questions, please let me know.

Send the claim form and death certificate to:

National Life Group
One National Life Drive
Montpelier, VT 05604-0001

Sincerely,

A handwritten signature in cursive script that reads "David Kelly".

David M. Kelly, CLU, ChFC

Enclosures

Utah Agency

310 East 4500 South Suite 230 • Salt Lake City, UT 84107
P 801-716-4304 • C 801-209-8580 • F 801-484-1617
kelly_david@nlgroupmail.com

Claimant's Statement for Annuities

Annuity Number(s):
NL8612136, VL0068266

PLEASE CAREFULLY REVIEW ALL OF THE INFORMATION ON PAGES ONE THROUGH THREE,
THEN COMPLETE, SIGN, AND RETURN PAGE 4 TO OUR OFFICE.

General Instructions

1. A Claimant Statement is required to be completed, signed, and submitted for each beneficiary.
2. Every question should be answered fully. The company may require or obtain further information, should it be deemed necessary.
3. The insured's death certificate, bearing an original certification and indicating the cause and manner of death, must be furnished, unless otherwise noted.
4. If any named beneficiary is deceased, a copy of his/her death certificate must be furnished.
5. All documents returned with this claim written in a foreign language must include a certified English translation.
6. If the death certificate lists the deceased marital status as divorced and the decedent lived in one of the listed community states of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, a full copy of the divorce decree is required.
7. If the beneficiary is the spouse, and the spouse and insured were divorced at time of death, a copy of divorce decree will be required.

Completing the Claimant's Statement

The Claimant's Statement must be signed by the person or persons legally entitled to receive the proceeds as beneficiary named in the policy. If claim is made by an Executor, Administrator, Guardian, Trustee, or other legal representative, all authority derived from a court must be established by a current certificate of appointment.

If the beneficiary designation is listed as "children" and are unnamed, an Affidavit giving the names, birth dates and Social Security Numbers of all the children must be completed by a disinterested person having knowledge of the facts and submitted with this Claimant Statement.

When proceeds are payable to a corporation, the Claimant's Statement must be signed in the name of the corporation by an authorized signer.

If proceeds are payable to a Trust, the trustee(s) must sign in their capacity as trustee(s), not as an individual(s), and a Trust Certification Form must be included. If the trustee is a corporation, an authorized signer must sign on its behalf.

If proceeds are payable to a minor beneficiary, the court-ordered appointment of Guardian of the Minor's Property and birth certificate are required for each minor beneficiary. The Guardian should complete and sign the Claimant's Statement on behalf of the minor(s); the Social Security Number(s) listed should be that/those of the minor(s).

If proceeds are payable to an Estate, the Executor(s) must furnish a copy of the court appointment.

Taxpayer Identification Number

For annuity payments, we are required to obtain the TIN before the claim can be processed. You (as payee) are required by law to provide us (as payer) with your correct TIN. If you are an individual, your TIN is your Social Security Number; otherwise, it is your Estate, Trust, or Employer ID Number. If you have not provided us with your correct TIN, you may be subject to penalties imposed by the Internal Revenue Service.

Interest payments that we make to you may be subject to backup withholding. Backup withholding is not an additional tax - it is a precaution taken by the IRS, typically on investment income. If backup withholding results in an overpayment of taxes, a refund may be obtained.

Payments you receive will be subject to backup withholding if:

1. The IRS notifies the payer that you furnished an incorrect TIN number, or
2. You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return, or
3. You fail to certify to the payer that you are not subject to backup withholding under (2) above, or
4. You fail to certify your TIN. (5) only applies to interest payments.

How to obtain a Taxpayer Identification Number

If you do not have a TIN, you should apply for one immediately. To apply for a TIN, obtain Form SS-5, Application for a Social Security Number Card (for individuals), or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), at your local Social Security Administration office or from the Internal Revenue Service. Complete and file the appropriate form according to its instructions.

You can also apply for a TIN online at:
<https://sa.www4.irs.gov/modiein/individual>

National Life Group reserves the right to reject any previous version of the Claimant's Statement.

Centralized Mailing Address:
**National Life Group
One National Life Drive
Montpelier, VT 05604**

Please read the following notices applicable to the state of residence of the deceased and each claimant.

FRAUD WARNING: Any person who knowingly and intentionally provides materially false, incomplete, or misleading information (including concealing material information) from an insurance company for the purpose of deceiving or defrauding the insurance company commits a fraudulent insurance act, which is a crime, and may be subject to the denial of insurance benefits, as well as subject to fines and/or imprisonment. In Delaware, Florida, Idaho, Indiana, Oklahoma and certain other states, this crime may be a felony.

The laws of the following states and the District of Columbia require the following statements:

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

DISTRICT OF COLUMBIA: 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.

ILLINOIS: Interest shall accrue on the proceeds payable from date of death, at the rate of 10% annually on the total amount payable, or the face amount if payments are to be made in installments, until the total payment or first installment is paid, unless payment is made within 31 days from the latest of the following to occur: (1) the date that due proof of death is received by the company; (2) the date that the company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or (3) the date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include but are not limited to: (A) the establishment of guardianships and conservatorships, (B) the appointment and qualification of trustees, executors, and administrators, and (C) the submission of information required to satisfy State and federal reporting requirements.

KENTUCKY AND PENNSYLVANIA: 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 and subjects such person to criminal and civil penalties.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Payment Options

Please make your selection on page 4. If no option is selected, we will issue a lump sum paper check by default. Other options may be available, and some options below may not be available to you, depending on the terms of the contract. Options 3 - 5 are not available on immediate annuities or annuitized contracts already in the payout phase. **If you select option 5 - 9, please return this page with the other requirements.**

1. Lump Sum via Check or Direct Deposit

If you select Direct Deposit, please include a check with your pre-printed name and VOID written in the payment line. For direct deposit to an estate or trust, please remit a voided check with its name instead.

2. Lump Sum via SecurePlus Access Account

Not available in AK, FL, KS, KY, LA, NC, NY, or RI. The settlement amount must exceed \$10,000 per beneficiary and the beneficiary must reside in a state not listed above in order to select this payment option. This is an interest-bearing draft account. This option is available to individuals only and is not available for trusts, estates, or corporations. Please see the attached paperwork for more information.

3. Spousal Continuance

If the beneficiary is the spouse of the deceased annuitant, the annuity contract may be continued in the name of the spouse as the new annuitant and owner, if allowed by the terms of the contract. Please note that if you do not change the beneficiary, the default will be the Estate of the new owner. A change of beneficiary form can be found at <https://www.nationallife.com/Contact-Service-Forms> under the Policy/Title Change header. This option is not an external transfer.

4. Inherited Account / Stretch IRA: National Life Group (Internal Transfer)

A non-spouse beneficiary may elect a settlement whereby the proceeds are paid to the beneficiary over the beneficiary's life expectancy using the IRS RMD Single Life Table. Additional forms will be required. The settlement amount must be over \$25,000.

5. Inherited Account / Stretch IRA: non-National Life Group (External Transfer)

A letter of acceptance is required by the company accepting the death benefit proceeds. The account must be titled as an Inherited Account. Required Minimum Distribution (RMD) will be processed, if required, prior to transfer. If you do not want RMD processed, please check the box below.

I do not want RMD processed.

6. Income for Specified Period

Proceeds will be paid in equal installments for a specific period of time. Upon your death, any remaining payments will be made to your beneficiaries.

The minimum period is five years. No payout may extend beyond beneficiary life expectancy.

Term period selected: _____ Mode selected (monthly, quarterly, semi-annual or annual): _____

7. Life Annuity with Period Certain

Proceeds paid in equal installments for a guaranteed number of payments, then for as long as you live. Upon your death, if the Period Certain has not expired, your beneficiaries will continue to receive the remaining payments. Upon your death, in the Period Certain has expired, the payments will end.

The minimum period is five years. No payout may extend beyond beneficiary life expectancy.

Term period selected: _____ Mode selected (monthly, quarterly, semi-annual or annual): _____

8. Income for a Specified Amount

Proceeds will be paid in the amount you specify until the principal and interest are exhausted. Upon your death, your beneficiaries will continue to receive the specified amount until the proceeds and interest are exhausted.

Dollar amount: _____ Mode selected (monthly, quarterly, semi-annual or annual): _____

9. Life Annuity

Proceeds will be paid in equal installments during your lifetime. Payments will cease upon your death.

Mode selected (monthly, quarterly, semi-annual or annual): _____

Claimant's Statement for Annuities - Continued

Claim is made by the undersigned for proceeds of the policies indicated in accordance with the provisions thereof.

Annuity Number(s): VL0068266, NL8612136

Contract Type: Annuity

Deceased

Full Name: PHOEBE L. CROFT	Cause and Manner of Death: <i>Acute Ischemic stroke</i>	Date of Death: <i>02/21/2018</i>
Residence at Time of Death: <i>4138 West Volta Ave West Valley City, Utah 84120</i>	Place of Death: (city/town, state, country) <i>Salt Lake City, Utah</i>	Birth Date: <i>02/19/1939</i>

Claimant: Salt Lake County Animal Services, a Utah Corporation, its successor or assigns

Authorized Signor's Full Name:	Relationship to Deceased: N/A	Phone Number:
Mailing Address:	Email Address:	Birth Date: N/A

Taxpayer Identification Number (TIN) of the Claimant

Enter your Social Security Number, Trust Identification (ID) Number, Estate ID Number, or Employer ID Number in the appropriate box below. If you do not have a TIN, please refer to the instructions on page 1.

Social Security Number

Trust / Estate / Employer ID Number

- - - OR - -

Under penalties of perjury, I certify that (1) the number shown on this claimant statement is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding, or I am exempt from such withholding; (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from FATCA reporting.

Choice of Withholding See page 2 for more information. You must check the "yes" box for federal withholding of interest if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

State withholding: No Yes Rate: _____ % or \$ _____ I do not want state income tax withheld unless state law so requires.
 Federal withholding: No Yes Rate: _____ % or \$ _____

The payment received from this death claim may be subject to federal income tax withholding. If any part of this payment is taxable, we are required to withhold and report to the Internal Revenue Service. Withholding will only apply to the portion of the payment that is includable as income on your tax return. For annuities that are part of a pension-type arrangement, federal withholding of 20% is required - you may not opt out. For annuities originating from IRAs, or that are non-qualified, federal withholding of 10% is required. You may opt out of this withholding - but be advised you may be responsible for payment of estimated tax and may incur penalties under the estimated tax rules if the withholding and estimated tax payments are insufficient. See the enclosed notice for more information.

To the best of my knowledge, the undersigned certifies that no proceedings, either voluntary or involuntary, under the United States bankruptcy law, were pending against the deceased at the time of the decedent's death, and none are now pending or have been pending within the past 180 days against the undersigned. The undersigned further certifies, to the best of my knowledge, that the policy(ies) and/or contract(s) listed above are not subject to, nor otherwise part of, a proceeding, either voluntary or involuntary, under the United States bankruptcy laws, including under Section 541 of the Bankruptcy Code. I also agree to fully indemnify and reimburse the Company for any and all loss, expense or damage it may sustain from any claim resulting from the Company having paid the contract(s) without securing surrender of the original contract(s) or any previously issued duplicate/certification. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. The following information is for the Claimant with the above SSN or EIN.

FRAUD WARNING TO RESIDENTS OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Claimant's Signature: 	Date: (mm/dd/yyyy) <i>6/15/2020</i>	Payment Option:
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Salt Lake County Animal Services, a Utah Corporation, its successor or assigns



National Life Insurance Company®

July 2, 2020

#BWNCDPH

DAVID KELLY CLU CHFC
310 E 4500 S STE 230
SALT LAKE CITY UT 84107-3993

Re: Policies # VL0068266, NL8612136 - Phoebe L Croft

Dear Mr. Kelly:

Thank you for furnishing the necessary requirements for settlement of the above claim.

Enclosed, please find the following:

1. Statement of Proceeds
2. Check for \$312,457.15 drawn to Salt Lake City Animal Services Incorporated in Utah Its Successor or Assigns representing settlement as shown on the Statement of Proceeds.

If you have any questions or if we can be of assistance, please call 1-800-232-5246.

Sincerely,

A handwritten signature in black ink that reads "Heather Hayes".

Heather Hayes
Disbursements
P: 800-232-5246 ext 7140 | F: 802-229-7353 | hhayes@nationallifegroup.com

Enclosure

STATEMENT OF PROCEEDS

Date: 7/2/2020 Life of: Phoebe L Croft
Policy/Contract #: NL8612136 VL0068266
Face Amount
Death Benefit (annuities/certificates) \$56,627.28 \$227,627.04

Plus

Cost of Living Rider
Term Rider 1
Term Rider 2
ADB Rider
Premium Deposit Fund
Dividend Term Option
Dividend Additions
Dividend Deposits
Deposit Interest
Pro-rata Dividend
Terminal Dividend
Dividends (annuities only)
Premium Refund
Accumulated Value

Less

Outstanding Loan
Loan Interest
Unpaid Premium

Net Proceeds	\$56,627.28	\$227,627.04
Unpaid Portion Previously Paid		
Paid Under Option		
Paid in One Sum	\$56,627.28	\$227,627.04
Interest on One Sum*	\$4,012.00	\$24,190.83
Less Federal Withholding		
Less State Withholding		
Total	\$60,639.28	\$251,817.87

*Interest Calculated from 2/21/2018 to 07/02/2020

Payees:

Salt Lake County Animal Services incorporated in Utah Its Successor or Assigns- \$312,457.15 Paid in one sum , Interest Calculated at 3.00%

Agency: 091 - UTAH



April 10, 2020

#BWNCDPH

DAVID KELLY
310 E 4500 S STE 230
SALT LAKE CITY UT 84107-3993

.....
Re: Policies VL0068266, NL8612136 & 426073X - Phoebe L. Croft

Dear Mr. Kelly:

We are very sorry to learn of Phoebe L. Croft's death, which we understand occurred on February 12, 2020. We extend our sincere sympathy to her family.

The beneficiary of Policies VL0068266 & NL8612136 is the Salt Lake County Animal Services, incorporated in Utah, its successors or assigns.

The beneficiary of Policy 426073X is the Fund for Animals of New York City.

To process the claim, the following is needed:

1. One original certified death certificate showing cause and manner of death. (We regret that we will be unable to return this document.)
2. Page 3 of the enclosed Claimant's Statements, one completed and signed by each charity. Please be sure to indicate the organization's Tax Identification Number where requested. We are required to obtain the Tax Identification Number of the beneficiary before we can process the claim.

Effective the date of death, the tentative net death benefit amounts to:

<u>Policy</u>	<u>Death Benefit</u>	<u>Non-Taxable Cost Basis</u>
NL8612136	\$60,032.11	\$27,730.00
VL0068266	\$248,304.77	\$137,347.14

Policy 426073X is an IRA Annuity and is 100% taxable. Effective the date of death and date of birth of February 19, 1939, the tentative death benefit amounts to \$101,962.06.

We are enclosing a Notice regarding Federal Income Tax reporting for review. Please complete the Withholding Instructions on page 2 of the Claimant's Statement. If the Withholding Instructions are not completed, we will withhold in accordance with the Notice.

Please return the original claim requirements by mail to:

National Life Group
One National Life Dr.
Montpelier, VT 05604

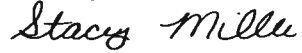
National Life Group¹ is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Interest will be paid on one sum payments if applicable.

Upon receipt of the above, this matter will be given our prompt attention.

If you have any questions or if we can be of assistance, please call 1-800-232-5246.

Sincerely,

A handwritten signature in cursive script that reads "Stacey Miller".

Stacey Miller

Senior Claims Examiner, Claims Department

P: 800-232-5246 ext 3478 | F: 802-229-7353 | SMiller@nationallife.com

Enclosure

cc: 091 - UTAH S/A: DAVID M KELLY CLU CHFC



National Life Group
 National Life Insurance Company
 One National Life Drive
 Montpelier, Vermont 05604
 Tel: (802) 229-3333 (500)

3025194

July 01, 2020

SALT LAKE COUNTY
 ANIMAL SERVICES
 INCORPORATED IN UTAH
 ITS SUCCESSOR OR ASSIGNS
 00000-0000

VOUCHER NUMBER	INVOICE NUMBER	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
844033	NL8612136	17 BCKDC	07/01/20	\$312,457.15	\$0.00	\$312,457.15
This check represents a claim settlement from contract NL8612136						
TOTALS						\$312,457.15

1322103

STATEMENT OF PROCEEDS

Date: 7/2/2020	Life of: Phoebe L Croft	
Policy/Contract #:	NL8612136	VL0068266
Face Amount		
Death Benefit (annuities/certificates)	\$56,627.28	\$227,627.04

Plus

- Cost of Living Rider
- Term Rider 1
- Term Rider 2
- ADB Rider
- Premium Deposit Fund
- Dividend Term Option
- Dividend Additions
- Dividend Deposits
- Deposit Interest
- Pro-rata Dividend
- Terminal Dividend
- Dividends (annuities only)
- Premium Refund
- Accumulated Value

Less

- Outstanding Loan
- Loan Interest
- Unpaid Premium

Net Proceeds	\$56,627.28	\$227,627.04
Unpaid Portion Previously Paid		
Paid Under Option		
Paid in One Sum	\$56,627.28	\$227,627.04
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Less Federal Withholding		
Less State Withholding		
Total	\$60,639.28	\$251,817.87

*Interest Calculated from 2/21/2018 to 07/02/2020

Payees:
 Salt Lake County Animal Services incorporated in Utah Its Successor or Assigns- \$312,457.15 Paid in one sum , Interest Calculated at 3.00%

Agency: 091 - UTAH