



Minnesota Department of **Human Services**

*Minnesota Health Care Programs*

# Required Annuity Information

Case number: \_\_\_\_\_  
 Case name: \_\_\_\_\_  
 Worker name: \_\_\_\_\_  
 Worker phone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 Agency name: \_\_\_\_\_  
 Agency address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_ Annuity contract number: \_\_\_\_\_

ANNUIITY OWNER'S FULL NAME (1)		ANNUIITY OWNER'S FULL NAME (2)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH

## Client Instructions

This form is used to get information about an annuity you or your spouse own.

Follow these steps:

1. Read, complete and sign the form.
2. Return this form to your worker by \_\_\_\_\_.  
DATE

You may not get coverage or your coverage may end if we do not get the information by the due date.  
 Call your worker if you have questions or need help getting any of the information.

### 1. How did you fund the annuity listed above? Check all that apply.

- Savings or checking account
- Individual Retirement Account (Traditional IRA)
- Court-ordered settlement
- Proceeds from an employer-based retirement savings plan
  - Simplified Employee Pension (SEP) IRA
  - Savings Incentive Match Plan for Employees (SIMPLE) IRA
  - Roth IRA
  - Purchased by employer or union as part of a defined-benefit pension plan
  - Deemed IRA under a qualified employer plan
  - An account or a trust established by an employer, employee association or union that is not listed above.
- Other: \_\_\_\_\_
- I do not remember.

**2. Have any transactions been made on this annuity on or after February 8, 2006?** Check all that apply.

- Added to the principal of the annuity. Check this box if funds were added to the annuity or if funds were rolled over from another source into the annuity.
- Elective withdrawals made. "Elective withdrawals" means getting money out of the annuity that is not part of the regular payout schedule.
- Changed the way money is paid out of the annuity. List the change and the date it was made.

CHANGE	DATE OF CHANGE

- Changed the annuity owner, payee or death beneficiary, including the transfer of ownership in whole or in part to a trust. Note: DO NOT check this box if the only change made to the annuity on or after February 8, 2006, was naming the Minnesota Department of Human Services a death beneficiary.

ACTION	DATE OF ACTION

- No transactions have been made on or after February 8, 2006.

I declare that, under penalty of perjury, the information I have provided is true and correct to the best of my knowledge. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

All of the following people must sign below:

- Adults age 18 or older who are applying
- Parents, caretakers and guardians applying for children under the age of 21
- Children under age 18 who are applying on their own behalf and not living with a parent, caretaker or guardian
- The person who you have chosen to act on your behalf as an authorized representative.

You must sign this application even if you are authorizing someone to act on your behalf.

If an applicant is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

YOUR SIGNATURE	DATE	
SIGNATURE OF SPOUSE OR PARENT/GUARDIAN	DATE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	
ADDRESS OF AUTHORIZED REPRESENTATIVE		
CITY	STATE	ZIP CODE