

Genworth Life Insurance Company

Administered by RiverSource Life Insurance Company
829 Ameriprise Financial Center
Minneapolis, MN 55474

Death Claim Statement

Policy Number

- For questions regarding the completion of this form, call our office at 1-800-422-3542.
- Each beneficiary must complete a separate form.
- This form can be returned by mail or faxed to 612-547-1678.

Proceeds will be paid to the claimant in a lump sum and a check will be mailed to the mailing address (if different than physical address) below.

Part 1 Contract Information

Deceased's Full Name	State of Residence	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 Beneficiary/Claimant Information

USA PATRIOT Act Notice: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account, including your name, address, date of birth, and other information that will allow us to verify your identity.

Beneficiary/Claimant Type (only complete one Section below, depending on the beneficiary/claimant type):

- Individual: Section A
- Trust: Section B
- Estate: Section C
- Entity (corporation, partnership, etc.): Section D
- Minor: Section E

Section A: Individual Beneficiary/Claimant Information

Beneficiary/Claimant Name as it appears in Social Security Administration Records	Social Security Number		
<input type="text"/>	<input type="text"/>		
Relationship to Deceased in Part 1	Phone Number	Date of Birth (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Citizenship (Select one): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien <i>(complete IRS Form W-8BEN)</i>			
Gender: <input type="radio"/> Male <input type="radio"/> Female			
Physical Address - Required (P.O. Box not be accepted)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different than physical address)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the beneficiary/claimant a protected person? <input type="radio"/> Yes <input type="radio"/> No			

Beneficiary/Claimant Information continued on next page...

Beneficiary/Claimant Information continued

Name of Custodian/Guardian			
Social Security Number of Custodian/Guardian	Date of Birth of Custodian/Guardian	Phone Number	
	(MMDDYYYY)		
Citizenship of Custodian/Guardian (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien			
Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
Mailing Address (if different than physical address)	City	State	ZIP Code

Section B: Trust Beneficiary/Claimant

- If the Tax Identification Number (TIN) provided is not specific to the Trust, mandatory withholding will apply.
- Any amendments that have been made to the trust must be attached to the completed death claim statement.
- **All trustee signatures must be notarized.**
- If current Trust name or date has been amended since being named beneficiary by the decedent, please include a copy of the amended version for verification and proof of update.
- Each authorized signer who wishes to transact with or provide direction to RiverSource must sign this form. An authorized signer must be of legal age, a U.S. citizen or U.S. resident alien, and have a U.S. permanent address.

Name of Trust	TIN of Beneficiary/Claimant		
Name of Trustee	Phone Number	Date of Trust (MMDDYYYY)	
Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
Mailing Address (if different than physical address)	City	State	ZIP Code

Trust Information

State of: _____

What state was the trust created in? _____

Is the trust revocable or irrevocable? Revocable Irrevocable Grantor Irrevocable Non-Grantor

Grantor Information (Revocable Trusts and Irrevocable Grantor Trusts using an SSN)

How many grantor(s) are named? 1 2

Grantor/Taxpayer Name	Social Security Number

Is this grantor also a Trustee? Yes No

Is this grantor incapacitated or deceased? Yes No

Grantor Name

Is this grantor also a Trustee? Yes No

Is this grantor incapacitated or deceased? Yes No

Beneficiary/Claimant Information continued on next page...

Beneficiary/Claimant Information continued

Trustee Information

How many trustee(s) are named? 1 2 3 4 5

If more than one trustee is named, can all trustees act independently? Yes No

If the trustees are not able to act independently, how many trustees must work together to transact business?

If selections are not made, the default is for all trustees to sign.

Trustee Name

Date of Birth	Social Security Number	Phone Number	Country of Citizenship
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Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
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Mailing Address (If different than physical address)	City	State	ZIP Code
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Trustee Name

Date of Birth	Social Security Number	Phone Number	Country of Citizenship
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Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
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Mailing Address (If different than physical address)	City	State	ZIP Code
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Section C: Estate Beneficiary/Claimant



- Please provide certified letters of appointment/testamentary. If the Tax Identification Number (TIN) provided is not specific to the Estate, mandatory withholding will apply.
- Each authorized signer who wishes to transact with or provide direction to RiverSource must sign this form. An authorized signer must be of legal age, a U.S citizen or U.S. resident alien, and have a U.S. permanent address.

Name of Estate	TIN of Estate
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Name of Personal Representative/Executor	Social Security Number of Representative/Executor	Date of Birth
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Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
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Mailing Address (If different than physical address)	City	State	ZIP Code
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Beneficiary/Claimant Information continued on next page...

Beneficiary/Claimant Information continued

Section D: Corporation/Organization Beneficiary/Claimant

- Please provide a copy of a Government Issued Business License or Articles of Incorporation.
- Each authorized signer who wishes to transact with or provide direction to RiverSource must sign this form. An authorized signer must be of legal age, a U.S citizen or U.S. resident alien, and have a U.S. permanent address.
- Partnership: Please provide a copy of the partnership agreement.

Name of Organization TIN of Beneficiary/Claimant

Name of Officer

Physical Address - Required (P.O. Box not accepted) City State ZIP Code

Mailing Address (If different than physical address) City State ZIP Code

How many authorized signers will be named? 1 2 3 4 5

If more than one authorized signer is named, can all authorized signers act independently? Yes No

If no selection is made, the default is to act independently.

If each authorized signer cannot act independently, all authorized signers are required to sign.

Authorized Signer First MI Last Social Security Number

Physical Address City State ZIP Code

Phone Number Gender Male Female Date of Birth (MMDDYYYY) Country of Citizenship

Authorized Signer First MI Last Social Security Number

Physical Address City State ZIP Code

Phone Number Gender Male Female Date of Birth (MMDDYYYY) Country of Citizenship

Section E: UGMA/UTMA/Minor Beneficiary/Claimant

Name of Minor Date of Birth (MMDDYYYY) Social Security Number

Citizenship of Minor (Select One): U.S. Citizen Resident Alien Non-Resident Alien
(complete IRS Form W-8BEN)

Physical Address of Minor - Required (P.O. Box not accepted) City State ZIP Code

Mailing Address (If different than physical address) City State ZIP Code

Beneficiary/Claimant Information continued on next page...

Beneficiary/Claimant Information continued

Name of Custodian/Guardian	Date of Birth (MMDDYYYY)	Social Security Number	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship of Minor (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien			
<small>(complete IRS Form W-8BEN)</small>			
Physical Address - Required (P.O. Box not accepted)		City	State ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address (If different than physical address)		City	State ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

Part 3 W-9 TIN Certification - MUST BE COMPLETED

The TIN Certification below pertains to the Taxpayer Identification Number entered in Part 2.

Check appropriate box for federal tax classification (required):

- | | |
|--|---|
| <input type="radio"/> Individual/Sole proprietor
<input type="radio"/> Corporation
<input type="radio"/> C-Corporation
<input type="radio"/> S-Corporation
<input type="radio"/> Limited Liability Company (LLC)
<input type="radio"/> C-Corporation
<input type="radio"/> S-Corporation
<input type="radio"/> Partnership | <input type="radio"/> Partnership
<input type="radio"/> Trust
<input type="radio"/> Revocable (Optional Additional Trust Details)
<input type="radio"/> Irrevocable (Optional Additional Trust Details)
<input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details)
<input type="radio"/> Estate
<input type="radio"/> Other <input type="text"/> |
|--|---|

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Check here if new owner is an Exempt Payee (defined in form W-9 instructions) **Exempt Payee code:**
 See IRS instructions for Form W-9 for exempt payee codes.

Foreign Account Tax Compliance Act Reporting

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.

As used below, the word "I" refers to the new owner who is the taxpayer on the account.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions:

As used below, the word "You" refers to the new owner who is the taxpayer on the account.

Check this box 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.

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).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

Part 4 Authorizations and Acknowledgements (Notarized Signatures Required)

Note: Must be signed by all claimants or fiduciaries.

- The undersigned hereby makes claim to the proceeds of said insurance policy with Genworth Life Insurance Company (Company). Claimant agrees that the written statements, affidavits and all other papers required by the Company shall constitute and be made a part of these proofs of death. Claimant further agrees that the furnishing of this form (or any other subsequent forms/documents) by the Company shall not constitute nor be considered an admission by the Company that there was any insurance policy in force nor a waiver of any of its rights or defenses, nor stop it in any way.
- Payment of the death proceeds must be approved by RiverSource Life Insurance Company (RiverSource Life).
- I hereby declare that I have read the appropriate fraud warning on this form and all statements given herein are true and complete to the best of my knowledge and belief.
- The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.
- I have read, understand, and agree to each of the items above and I certify that all of the information I have provided above regarding this distribution request/claim is true and accurate to the best of my knowledge.

Section A: Individual, Estate, or UGMA/UTMA/Minor Beneficiary/Claimant

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of **Individual, Estate, or UGMA/UTMA/Minor Beneficiary/Claimant**

Date Signed (MMDDYYYY)

X

Notarization

State of : _____

County of : _____

On _____, 20____, _____ personally appeared before me,
Month, Date Yr Name of Claimant

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

Date Signed (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

[Empty box for Notary Seal]

Notary Expiration Date (MMDDYYYY)

[Empty box for Notary Expiration Date]

Mail the completed requirements within 24 hours of the date signed to:

RiverSource Life Insurance Company
829 Ameriprise Financial Center
Minneapolis, MN 55474

Authorizations and Acknowledgements continued on next page...

Section B: Trust Beneficiary/Claimant

Grantor(s) Authorizations and Acknowledgements (Revocable trusts only)

- Each grantor must sign for revocable trusts and each signature must be notarized, if applicable.
- In the event the grantor(s) is not able to sign, attach the evidence supporting that the grantor's signature is missing. (Proof of incapacitation in the form of a doctor's or hospital's letter on their letterhead or a death certificate.)
- For irrevocable trusts, a grantor's signature is not required.

The undersigned on their own behalf and on behalf of their heirs, executors, administrators, assigns or beneficiaries, agree to indemnify and hold harmless RiverSource Life and advisors harmless from any and all liability, losses, damages and claims of any kind whatsoever, which may arise out of or in connection with RiverSource Life's agreement to accept this certificate.

That you have each received and reviewed a copy of this certification and that you agree to be bound by its terms. You further represent and warrant that you have received, read, understand and agree to be bound by all terms of the agreements with RiverSource Life as it relates to specific products purchased, including the requirement in any specific agreement that disputes must be resolved through arbitration.

The undersigned grantors, individually and on behalf of the trust, its beneficiaries, heirs, successors and assigns (collectively, "you"), hereby certify, represent and warrant that the trust agreement to which this certification applies is in full force and effect and that the above information is true and complete.

Trustee(s) Authorizations and Acknowledgements

- If a trustee does not sign at the time the form is submitted, a signature specimen for that trustee may be required prior to any written transaction.
- If you answered no to "can all trustee(s) can act independently?", all named trustees' signatures are required.
- **Each trustee's signature must be notarized, if applicable.**
- RiverSource Life is concerned with your privacy and will only collect and use your personal information to meet the requirements of federal law and within the provisions of the RiverSource Life Privacy Notice, which can be found at riversource.com. As required by federal law, RiverSource Life may use the information above to verify your identity.
- The undersigned on their own behalf and on behalf of their heirs, executors, administrators, assigns or beneficiaries, agree to indemnify and hold harmless RiverSource Life from any and all liability, losses, damages and claims of any kind whatsoever, which may arise out of or in connection with RiverSource Life's agreement to accept this certificate.
- The undersigned trustee(s) individually and on behalf of the trust, its beneficiaries, heirs, successors and assigns (collectively, "you"), hereby certify, represent and warrant that the trust agreement to which this certification applies is in full force and effect and that the above information is true and complete.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Trustee

Date Signed (MMDDYYYY)

X _____

Notarization

State of : _____

County of : _____

On _____, 20____, _____ personally appeared before me,
Month, Date Yr Name of Claimant

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Authorizations and Acknowledgements continued on next page...

Authorizations and Acknowledgements continued

Signature of Notary

Date Signed (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

[Empty box for Notary Seal]

Notary Expiration Date (MMDDYYYY)

[Empty box for Notary Expiration Date]

Mail the completed requirements within 24 hours of the date signed to:

RiverSource Life Insurance Company
829 Ameriprise Financial Center
Minneapolis, MN 55474

Section C: Corporation/Organization Beneficiary/Claimant

Corporation and Organization Resolution

The corporation or organization is duly organized, validly existing and in good standing under the laws of the above state, and has adopted the following resolutions as of the date set forth below:

BE IT RESOLVED THAT:

- 1. Each authorized signer shall have the authority to sign and transact on behalf of the organization, and to bind and obligate the organization, to the same extent as an account owner would, consistent with the relevant product and account opening documentation and restrictions.
2. RiverSource Life shall be entitled to rely upon instructions received from each authorized signer to the same extent as if those instructions were provided by the organization.
3. Despite this authorization, RiverSource Life will continue to deliver all confirmations, notices, and demands upon the organization to the address of record on the organization's account.
4. The organization shall, upon request, promptly furnish RiverSource Life with a complete and current copy of the organization's Certificate of Incorporation and By-Laws, or equivalent documents, and all amendments thereto.
5. This corporate or organization resolution shall remain in full force and effect until written notice of revocation or modification thereof is received by RiverSource Life.
6. This corporate or organization resolution may be executed in multiple counterparts, each of which shall be an original, but all of which together shall be deemed to constitute a single agreement, and submitted at the same time.
7. Facsimile signatures on the corporate or organization resolution shall be deemed to constitute originals.

Certification (required for corporation or organization claimants)

This certification is to be completed by the secretary (or its equivalent) of the corporation or organization to acknowledge and confirm that (i) a meeting of the board of directors (or equivalent governing body) was held, and (ii) the corporation or organization's governing body approved all activity provided in this corporate or organization resolution.

- This section must be completed with (i) the title of the officer signing the certification, (ii) the date the certification was signed, and (iii) the date the meeting of the board of directors (or equivalent governing body) was held.
The officer must sign and print his/her name in the area below this certification.
If the secretary is the only authorized signer named, this authorization must be signed by another officer unless the secretary also holds all offices of the corporation or organization.
The date of the meeting at which the board of directors (or equivalent governing body) met and passed each of the foregoing resolutions, must occur on or before the date the organization's account is established.

The undersigned, individually and/or through the corporation's or organization's duly authorized offices(s), hereby certifies that (i) a meeting of the board of directors, or equivalent governing body, was duly convened and held at which all of the foregoing resolutions (the "resolutions") were duly passed and adopted by unanimous vote; (ii) the resolutions appear in the minute book of the corporation or organization and are in accord with the terms of the organization's documents, (iii) the resolutions have not been rescinded, modified and/or amended and are now in full force and effect, and (iv) the signatures of the authorized signers affixed to this document are their true and genuine signatures and they currently hold the office or position with the corporation or organization indicated next to their respective names.

Authorizations and Acknowledgements continued on next page...

Authorizations and Acknowledgements continued

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Secretary or Equivalent Name

Secretary or Equivalent Signature

Date Signed (MMDDYYYY)

X

Date of Resolutions Meeting (MMDDYYYY):

Name of Corporation/Organization Beneficiary/Claimant

Signature of Authorized Signer

Date Signed (MMDDYYYY)

X

Signature of Second Authorized Signer

Date Signed (MMDDYYYY)

X

Notarization

State of : _____

County of : _____

On _____, 20____, _____ personally appeared before me,
Month, Date Yr Name of Claimant

- who is personally known to me
- whose identity I proved on the basis of _____
- whose identity I proved on the oath/affirmation of _____, a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

Date Signed (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

Notary Expiration Date (MMDDYYYY)

Mail the completed requirements within 24 hours of the date signed to:

RiverSource Life Insurance Company
829 Ameriprise Financial Center
Minneapolis, MN 55474

Authorizations and Acknowledgements continued on next page...

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STATE FRAUD WARNING NOTICES

Alabama, Arkansas, District of Columbia, Louisiana, Minnesota, New Mexico, Ohio, Rhode Island, West Virginia, and All Other States Fraud Warning: 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.

Alaska Fraud Warning: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning: 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 Fraud Warning: For your protection California law requires the following to appear on this form: 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 Fraud Warning: 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.

Delaware, Idaho, Indiana, and Oklahoma Fraud Warning: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Florida Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Warning: 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.

Maine, Tennessee, Virginia, and Washington Fraud Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning: 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 Hampshire Fraud Warning: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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

New York Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or 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 subjects such person to criminal and civil penalties.

Texas Fraud Warning: 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.

Puerto Rico Fraud Warning: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Do not send to Corporate Office