



Absolute Assignment Form (See last page for instructions and information)

Annuity/Policy Number 002532231

For value received, the undersigned hereby absolutely assigns, transfers and sets over unto:

New Primary Owner Susan D. Argiro Date of Birth (if Assignee is a natural person) 01/01/68 Social Security/Tax ID No. 093-56-2846 Address 409 Willard St. W, Stillwater, MN 55082 Citizen ship USA Place of Birth Bucks County, PA Driver's License/Valid ID/Alien ID J480-126-206-712

New Co-Owner, (if applicable) Date of Birth (if Assignee is a natural person) Social Security/Tax ID No. Address Citizen ship Place of Birth Driver's License/Valid ID/Alien ID

Annuity/Policy No. 002532231 issued by Farmers New World Life Insurance Company on the life of Susan D. Argiro, all incidents of ownership, rights, benefits and advantages to be had or derived from it including, without limiting the generality of the foregoing, the right at any time to exercise the loan provisions of the Life policy or to surrender the Life policy or Annuity contract for its cash value, all subject to the conditions of the policy and to any existing indebtedness to Farmers New World Life Insurance Company on account of or secured by the policy or contract. Death benefits will be payable in accordance with the latest beneficiary designation on file with Farmers New World Life Insurance Company. Primary beneficiary for a custodial (UGMA/UTMA) policy is the estate of the minor insured.

In witness whereof, We have hereto set Our hand(s) this 7th day of April, 2020

Signature of Current Owner (Company Officer and Title, if Current Owner is a Corporation)

Signature of Current Co-Owner, if applicable

Witness

Signature of Irrevocable Beneficiary(ies)

Signature of New Owner (Company Officer and Title, if New Owner is a Corporation)

Signature of New Co-Owner (Company Officer and Title, if New Owner is a Corporation)

Taxpayer Certification

Under penalties of perjury, I, as Policy Owner, certify that:

- 1. The number shown on this form is my correct taxpayer identification number (Social Security/Employer 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 (including a U.S. resident alien); and
4. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If any of the answers above are "No," please initial and date here: An IRS Form W-9 must be completed, signed and submitted with this request.

The IRS requires item 4 to be included as part of the Taxpayer Certification. However, a FATCA code is not applicable for accounts maintained in the United States. Therefore item 4 does not apply.

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 (New Policy Owner) Witness Signature

Date 04/07/20

Farmers New World Life Insurance Company P.O. Box 248831, Oklahoma City, OK 73124-8831 Phone Number: (800) 238-9671 Fax Number: (866) 480-5499

## Notarial Acknowledgement for Individual(s)

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
before me, (insert name and title of the officer here)

\_\_\_\_\_, personally appeared  
\_\_\_\_\_, who provided to me on the basis of  
satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me  
that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the  
instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of \_\_\_\_\_ that the forgoing paragraph is true  
and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

My commission/appointment expires on \_\_\_\_\_

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## Notarial Acknowledgement for Signature by Mark

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
before me,

(insert name and title of the officer here) \_\_\_\_\_  
personally appeared \_\_\_\_\_, who provided to me on  
the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and  
acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by  
his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the  
instrument.

I certify under PENALTY OF PERJURY under the laws of the state of \_\_\_\_\_ that the forgoing paragraph is true  
and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

My commission/appointment expires on \_\_\_\_\_

Farmers New World Life Insurance Company shall be conclusively presumed not to have had any notice or knowledge of this  
assignment, unless the original or a duplicate thereof, is filed and recorded with the Company in its Home Office. The  
Company can assume no obligation as to the validity or sufficiency of this assignment, and does not pass upon its legality,  
but reserves the right to demand proof of interest in case of claim by the assignee.

STATE OF MINNESOTA

COUNTY OF WASHINGTON

**AFFIDAVIT FOR COLLECTION  
OF PERSONAL PROPERTY**

Estate of  
Ernesto S. Argiro,

**Decedent**

I, **Susan D. Argiro**, Affiant, state:

1. My address is 409 Willard Street West, Stillwater, MN 55082.
2. Decedent died on February 11, 2020. A certified copy of Decedent's death certificate is attached to this Affidavit.
3. I am the successor of the Decedent because I am the surviving spouse and an heir at law.
4. The value of the probate estate wherever located, involving any contents of a safe deposit box, less liens and encumbrances, does not exceed \$75,000.
5. Thirty days have elapsed since the death of the Decedent or, in the event the property to be delivered is the contents of a safe deposit box, 30 days have elapsed since the filing of an inventory of the contents of said box.
6. No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.
7. I, as claiming successor, am entitled to payment or delivery of the following described property:

Farmers New Life World Term Life Insurance Policy # 002532231

**I declare under penalty of perjury that everything I have stated in this document is true and correct.**  
MINN. STAT. § 358.116.

Dated: 4/15/20

  
\_\_\_\_\_  
Susan D. Argiro, Affiant

April 8, 2020

Primary Beneficiary Designation

To Who it may Concern:

To my children in separate equal shares per stirpes, except that if a beneficiary is under the age of 25, such beneficiary share shall be distributed to the Trustee of the Testamentary trust created under my will dated May 20, 2008 for the benefit of such beneficiary.

 4/8/20

Susan D. Argiro

**BENEFICIARY CHANGE FORM**

Policy/Contract Number(s): <b>002532231</b>	Name of Insured/Annuitant: <b>Susan D. Argiro</b>
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Please refer to the examples on Page 2, if any of the following is true:

- One of the beneficiaries will be Irrevocable, a Trust, an Estate, or Per Stirpes.
- There will be more than 3 primary beneficiaries and/or 3 contingent beneficiaries.

This form revokes all prior beneficiary designations – only the beneficiaries listed below will be designated. At least one primary beneficiary must be designated. Contingent beneficiaries are optional. All living children you wish to designate as beneficiary should be listed by name.

Required: Primary Beneficiary Class (% for all primary beneficiaries should total 100)	% of Proceeds To Pay To Beneficiary	Social Security Number/Tax ID	Relationship to Insured	Date of Birth or Date of Trust	Phone number
Name: <b>John W. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	152-06-5578	SON	04/04/20	651-332-1856
Name: <b>Colette A. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	058-92-9551	Daughter	03/28/02	651-802-3111
Name: <b>Anthony M. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	059-94-4858	SON	04/10/04	612-214-4695
Name: <b>Grace E. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	105-96-6086	Daughter	06/27/07	—
Optional: Contingent Beneficiary Class (% for all contingent beneficiaries should total 100)	% of Proceeds To Pay To Beneficiary	Social Security Number/Tax ID	Relationship to Insured	Date of Birth or Date of Trust	Phone number
Name: Address:					
Name: Address:					
Name: Address:					

Optional:  If any beneficiary named above dies before 15 or \_\_\_\_\_ days (recommended 30 day maximum) following the Insured's death (not including the date of death), payment shall be made in the same manner as if the beneficiary died before the Insured.

**Please Read Below and Sign**

I (we) affirm that the beneficiary designations for this policy shall be as indicated above, and all previous designations are revoked. If more than one beneficiary is named in a class, beneficiary proceeds will be payable in equal shares to the beneficiaries within that class, unless percentages are stated in the designation above. If a beneficiary dies before the Insured, they will no longer be a beneficiary. Any proceeds that would have been payable to the deceased beneficiary would then be payable to the other beneficiaries in that class, in equal shares, unless the deceased beneficiary was designated above as Per Stirpes. I understand that this Beneficiary Change Form becomes effective as indicated under the terms of the policy.

<b>Susan D. Argiro</b> Policy Owner Signature <small>(if Owner is a corporation, an officer must sign and include their title)</small>	04/07/20 Date (Month/Day/Year)	Stillwater, MN Signed At (City, State)
Co-Owner Signature and/or Current Irrevocable Beneficiary's Signature (as applicable)	Date (Month/Day/Year)	Signed At (City, State)

# 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.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Susan D. Angiro

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
409 Willard St. W

**6** City, state, and ZIP code  
Stillwater, MN 55082

**7** List account number(s) here (optional)

Requester's name and address (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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
0	9	3	-	5	6	-	2	0	4	6
<b>or</b>										
<b>Employer identification number</b>										

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶	<u>Susan D. Angiro</u>	Date ▶	<u>04/07/20</u>
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
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, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

STATE OF MINNESOTA  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020-MN-005654

FACT OF DEATH CERTIFICATION

Medical certifier information does not appear on this type of certificate.

DECEDENT ERNESTO SALVATORE ARGIRO  
LAST NAME BEFORE FIRST MARRIAGE  
ALSO KNOWN AS  
SOCIAL SECURITY NUMBER 129 - 64 - 6074  
SEX MALE  
BORN JUNE 20, 1968  
PLACE OF BIRTH NYACK NEW YORK  
DATE OF DEATH FEBRUARY 11, 2020  
PLACE OF DEATH LAKEVIEW HOSPITAL  
STILLWATER WASHINGTON MINNESOTA  
MARITAL STATUS MARRIED  
SPOUSE SUSAN DELORES ARGIRO  
LAST NAME BEFORE FIRST MARRIAGE CALLAGHAN  
RESIDENCE STILLWATER WASHINGTON MINNESOTA  
PARENT ADELINA ROCCA  
PARENT JOHN B ARGIRO  
FUNERAL HOME SIMONET FUNERAL HOME  
DISPOSITION BURIAL

THIS RECORD HAS NOT BEEN AMENDED

THIS IS A TRUE AND CORRECT RECORD OF DEATH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID  
12421891



82C-000226473

FILED: FEBRUARY 13, 2020

*Molly Mulcahy Crawford*  
Molly Mulcahy Crawford  
STATE REGISTRAR

ISSUED: FEBRUARY 24, 2020

WASHINGTON COUNTY TAXPAYER SERVICES

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

