

APPLICATION FOR PAYMENT OF DEATH CLAIM

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Deceased Full Name _____ Deceased Maiden Name _____

Please list any hyphenated name, nickname, derivative form of first name and/or middle name or alias:

The undersigned, designated beneficiary of Certificate No. _____ hereby request payment of proceeds. The undersigned is of legal age.

- 1. Complete this application.**
- 2. Submit a certified copy of death for the deceased (a photocopy is not acceptable).**
- 3. Submit the complete original benefit certificate. If you cannot locate it, please contact us.**

NAMES OF BENEFICIARY(IES)

Name of beneficiary filing claim (please print) _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Date of Birth _____ Tax ID# _____
Signature _____

Name (please print) _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Date of Birth _____ Tax ID# _____

Name (please print) _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Date of Birth _____ Tax ID# _____

Name (please print) _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone No. () _____ Date of Birth _____ Tax ID# _____

If there are additional beneficiaries, please list on reverse side of this form.
To be signed in the presence of a Notary Public.

Subscribed and sworn to before me

This _____ day of _____, _____
