

Claim Form – Life Insurance Plan

IMPORTANT: "Statement of Claimant" must be completed in all cases. If there are two or more beneficiaries or other claimants, each beneficiary must complete a "Statement of Claimant". Each beneficiary must make a separate statement.

Statement of Claimant

POLICY NUMBER(S): _____

1 Decedent Information – (Please print in ink or type)

| | | | | | |
|----------------------------|----------------|--------|-----------------|-----|--|
| Name | First | Middle | Last | | |
| Residence at time of death | Street | City | State | Zip | |
| Date of Birth | Place of Death | | | | |
| Date of Death | Cause of Death | | Manner of Death | | |

2 Beneficiary or Claimant Information

| | | | | | |
|---------------|--------------------|--------|--------------------------|--------------------------------------|--|
| Name | First | Middle | Last | Social Security Number/Tax ID Number | |
| Residence | Street | City | State | Zip | |
| Date of Birth | Day Time Telephone | | Relationship to Deceased | | |

Are you subject to back-up withholding? (Has the IRS contacted you directly to inform you that you are subject to back-up withholding?)
 Yes No

In what capacity or title do you Claim this Insurance? Check one:

- Beneficiary Assignee Trustee Executor / Administrator Guardian
- Other

3 Statement of Lost Policy (Complete only if policy is unavailable for return)

I am unable to locate the original life insurance policy. I agree to return the policy to the company if found.

