

### 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.

