

## 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 – \*Rrgcug'rt kpv'kp'kpnlqt 'Vf rg+

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 \*Eqo rrvvg'qpn' 'ktr qke/ 'ku'wpc.xc krc drg'lt' 't gwt p+

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

