



2700 West Plano Parkway • Plano, Texas 75075-8200

Toll-Free Phone Number: 1-800-692-5246 • Fax Number: 1-888-397-8266

Life Claim Statement

A Certified Death Certificate should be furnished.

By furnishing forms and investigating the claim, the company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

COMPLETE THE FOLLOWING:

DECEASED'S NAME (AKA)				FIRST	MIDDLE	LAST	
DECEASED'S CITIZENSHIP		<input type="checkbox"/> U.S.		<input type="checkbox"/> OTHER, PLEASE SPECIFY WHICH COUNTRY.			
RESIDENCE ADDRESS		STREET			CITY, STATE & ZIP CODE		
DATE OF BIRTH OF DECEASED			CAUSE OF DEATH				
POLICY / CERTIFICATE NUMBERS							

CLAIMANT'S INFORMATION:

NAME:		FIRST	MIDDLE	LAST	DATE OF BIRTH		
ADDRESS:		STREET		APT # / STE #	CITY	STATE	ZIP CODE
Your Relation to the Deceased	Your Social Security Number / Tax ID Number			Your Day Phone Number		Your Email Address	
BENEFICIARY'S/CLAIMANT'S CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER, PLEASE SPECIFY WHICH COUNTRY.							

If the correct Taxpayer ID or Social Security number is not supplied, Federal and State Income tax withholding may apply. Under penalty of perjury, I certify that the information supplied on this form is true, correct, and complete. Please sign the same signature as you use on your checks.

X _____ Current Date: _____

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



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AFFIDAVIT OF HEIRSHIP REGARDING HEIRS OF

Name of Deceased

Certificate/Policy Number(s) _____

Please note that this form is to be completed by all persons claiming any portion of the benefits. If any persons are due any portion of the benefit and they have not completed this form with the others listed below, please record their name, address and telephone number on one of the spaces provided so we may contact them directly. You may make copies of this form if needed for completion by more than 3 people.

Please check one of the following boxes that applies for the Certificate/Policy Number(s):

- Children are filing (there is no spouse). How many natural or adopted are there? _____ How many stepchildren? _____
- Parents are filing (there is no spouse or children).
- Lawful Brothers and Sisters (there is no spouse, children or parents). How many? _____
- Personal Representative of the Estate is filing (there is no spouse, children, parents or brothers/sisters).

We the undersigned, together and separately, by signing below, swear under penalty of perjury, that this affidavit is true and correct and that we are the only living heirs, as it applies to the beneficiary provision of the Certificate/Policy(s) issued by the company listed above on the referenced insured at the time of his/her death, having no living spouse. Also, by signing below, we agree to hold harmless the said Company from any and all costs, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of its reliance on this affidavit and its payment to me/us under and because of the said Certificate/Policy(s) of insurance.

IMPORTANT: THIS SECTION MUST ALWAYS BE COMPLETED IN FULL TO RECEIVE PROCEEDS (PLEASE PRINT CLEARLY)					
NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH	
MAILING ADDRESS	STREET OR PO BOX		CITY	STATE	ZIP CODE
POLICY NUMBER(S)			DAY PHONE NUMBER		
SS # / TAXPAYER ID NUMBER	EMAIL ADDRESS		RELATION TO DECEASED		
BENEFICIARY'S CITIZENSHIP	() U.S. () OTHER, PLEASE SPECIFY WHICH COUNTRY.				

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Please sign the same signature as you use on your checks.

X

Current Date: _____

**Affidavit of Heirship
Continued**

IMPORTANT: THIS SECTION MUST ALWAYS BE COMPLETED IN FULL TO RECEIVE PROCEEDS (PLEASE PRINT CLEARLY)					
NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH	
MAILING ADDRESS	STREET OR PO BOX		CITY	STATE	ZIP CODE
POLICY NUMBER(S)			DAY PHONE NUMBER		
SS # / TAXPAYER ID NUMBER	EMAIL ADDRESS		RELATION TO DECEASED		
BENEFICIARY'S CITIZENSHIP	() U.S. () OTHER, PLEASE SPECIFY WHICH COUNTRY.				

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