



**BENEFICIARY CLAIM QUESTIONNAIRE
FOR FEE COMPENSATION**

Agent Name _____ **Agent #** _____

Phone # _____ **RSM/RSD** _____

Insured Name _____ **Policy #** _____

Beneficiary Name _____

Amount of Death Claim _____

Did you notify Brentwood of the claim? _____ Yes ___ No

Did you contact the Beneficiary? _____ Yes ___ No

Did you assist the beneficiary in completing the claim form? _____ Yes ___ No

Did you provide any financial/insurance advice? _____ Yes ___ No
If yes, describe _____

Did this result in a new Protective Life Insurance or Annuity Sale? _____ Yes ___ No
If so, please list type UL____ Term____ Annuity____
If other company, please list product _____

Did you deliver the claim check to the beneficiary? _____ Yes ___ No
If yes, date of delivery. _____
If no, please describe. _____

Agent Signature _____ **Date** _____

Comments _____

DO NOT Send this form until the beneficiary has received the check; Forms will not be processed for compensation until the Beneficiary has received benefits.

Mail to: Protective Producers Association-Attn. Michael Simpson 2-3 MK, P.O. Box 2606, Birmingham, Alabama 35202 or **Fax to:** 205-268-3996.