

SECTION 1: DECEDENT INFORMATION

Name: _____
 First Middle Last Any Other Names Used
 Address: _____
 Street City State Zip Code
 Date of Birth: _____ Date of Death: _____ Cause of Death: _____
 Place of Birth: _____ State of Residence Prior to Death: _____
 If death occurred as a result of an accident, suicide or homicide, please provide details on back of this page:

SECTION 2: CLAIMANT'S STATEMENT AND CERTIFICATE NUMBER(S) BEING CLAIMED

List Certificate Number(s) for which you are making claim:
 a) _____ b) _____ c) _____ d) _____
 Name: _____ Relationship to Deceased: _____
 First Middle Last
 Date of Birth: _____ * Social Security/TAX I.D. Number: _____
 Address: _____
 Street
 City State Zip Code
 Telephone Number: _____ Email Address: _____
 Proceeds are paid in a lump sum unless otherwise requested. For information on alternative settlement options, please contact Claims Services.
 *This information should be filled in by the claimant as it may be required for reporting any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No Number". If the estate of the deceased is the claimant, the deceased's social security number/Tax I.D. number (I.R.S.) should be filled in. If the Taxpayer I.D. or Social Security Number is not supplied, the certificate(s) may be subject to federal and state withholding.
Under penalties of perjury, I certify that:
 (a) The taxpayer ID or Social Security number shown on this form is my correct taxpayer identification number;
 (b) I am not subject to backup withholding due to failure to report interest and dividend income; and
 (c) I am a US Citizen (including a US resident alien)
 You must cross out any of the above items (letters a through c) that do not apply to you.
Notice For Contracts Issued in and Residents of Illinois Only
 Unless a payment is made by the Company on this claim within thirty-one days after receipt of due proof of loss, interest on the claim will accrue at a rate of 10% from the date of the death to the date of the payment for the total amount payable.
Certification (Notarization not required)
 I certify that the above answers are full and true to the best of my knowledge and belief. I have read the applicable Fraud Warnings provided in this form.
New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Confidentiality: You can read our Privacy Policy at Foresters.com.

 Claimant Name (Print) Claimant Signature Date

 Witness Name (Print) Witness Signature Date