

BENEFICIARY STATEMENT

Policy # _____

Name of Insured: Theresa Fellows

Claim Number: _____

Sections A, B, and C must be completed for all claims.

SECTION A - INFORMATION ABOUT YOU, THE BENEFICIARY:		
1. Your Name:		2. Your Date of Birth:
3. Your Street Address:		
City, State, Zip Code:		
4. Your Daytime Telephone:	Your Evening Telephone:	Your Cellular Phone:
5. Your Relationship to the Insured/Annuitant:		
6. If Beneficiary is a Trust, please complete and read the information below:		
a. Name of Trust:		b. Date of Trust:
c. Name of Trustee(s):		
<p>I/We am/are the sole trustee(s) named in the above Trust Agreement. Said Trust Agreement is in full force and effect and has not been amended. By receipt of such proceeds, I/We fully discharge the insurer of all liability under said policy to the extent of such payment. I/We agree to indemnify and hold the insurer harmless from any and all costs, actions, losses or damages which it may suffer by virtue of payment of any proceeds under the policy.</p>		
7. Your Social Security Number (S.S.N.): _____		
or Tax Identification Number (T.I.N.) _____		
<p><i>I have not been notified by the I.R.S. that I am subject to back-up withholding order on interest and dividends. (If you have been notified, cross out the entire statement.)*</i></p>		

*The Internal Revenue Service requires us to ask this information. We may have to withhold and send to the I.R.S., on your behalf, 31% of any interest you are entitled to, unless we have your correct Social Security Number and you state you have not been notified that you are subject to an I.R.S. Backup Withholding Order on interest and dividends.

8. If Beneficiary is an estate, has an Executor or Administrator been appointed?	
<input type="checkbox"/> Yes	Name of Executor/Administrator:
<input type="checkbox"/> No	

SECTION B - INFORMATION ABOUT THE DECEASED INSURED/ANNUITANT:

1. Name:	2. Date of Birth:
3. Street Address:	
City, State, Zip Code:	
4. Other names by which the Insured/Annuitant may have been known (such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name, alias, or AKA):	

5. Cause of Death:	6. Marital Status:
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7. Insured's next-of-kin's name:
Address of next-of-kin:
City, State, Zip Code:

8. List all insurance policies for the Insured/Annuitant:

Company	Policy Number	Amount	Issue Date

9. Give the names and addresses of all doctors and hospitals which treated the insured in the last five years: (Disregard if claim relates to an annuity)

Name	Address	Dates

SECTION C – ACKNOWLEDGEMENT:

Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

I have read and acknowledge the applicable fraud notice required by state law on pages 3 & 4.

Signature of Beneficiary _____
Date