

# PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30099-0001

FOR ASSISTANCE  
CALL TOLL-FREE  
1-888-893-9858

## CLAIMANT'S STATEMENT

*Please Attach a Certified Death Certificate*

*Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*

1. Deceased's Name in Full \_\_\_\_\_

2. Policy Numbers \_\_\_\_\_

3. Deceased's Birth Date \_\_\_\_\_ Source from which Birth Date Obtained \_\_\_\_\_  
Birth Certificate, Family Record, Other Record

4. Residence of Deceased at Death \_\_\_\_\_  
Street Address City State Zip

5. Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

6. Cause of Death \_\_\_\_\_ 7. Your relationship to the Deceased \_\_\_\_\_

8. Employer of Deceased \_\_\_\_\_ Deceased's Occupation \_\_\_\_\_

9. If deceased has insurance with other companies, list names of companies and amounts below:

Names of Companies	Amounts

10. Marital Status of Deceased \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children of Deceased \_\_\_\_\_ Spouse's Address \_\_\_\_\_

*The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.*

The Claimant Information on the reverse side *must* be filled out completely in order to avoid any delay.

# CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).  
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. or Tax Id.: \_\_\_\_\_

• Individual - Claimant's Social Security Number • Estate Tax Id Number  
• Guardian - Child's Social Security Number • Trust Tax Id Number

Permanent Address: \_\_\_\_\_  
(Number, Street, and Apt. or Suite no. -- Do not use a P.O. Box or In-care-of address)

City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different than above)

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Area Code Phone Number Area Code Phone Number Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

Primerica Estate Account  Check  Settlement Option # \_\_\_\_\_ (Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

I certify that all answers on this form are correct and true.

Signature of Claimant X \_\_\_\_\_  
(See 'Important Reminders' on Page 1, 'Claim Instructions')

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public X \_\_\_\_\_

GN