

Primerica Life Insurance Company

Executive Office: 1 Primerica Parkway, Duluth, Georgia 30099-0001
(888) 893-9858

Claim Form Statement

Please Attach a Certified Death Certificate

1. Deceased's Full Name _____
2. Other Names (including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias)

3. Policy Numbers _____
4. Deceased's Birth Date (MM/DD/YYYY) _____
5. Residence of Deceased at Death

Street Address

City _____ *State* _____ *Zip* _____
6. Date of Death (MM/DD/YYYY) _____
7. Place of Death _____
8. Cause of Death _____
9. Relationship to Deceased _____
10. If deceased has insurance with other companies, list names of companies and amounts below:

Name of Companies	Amounts

11. Marital Status of Deceased _____
12. Spouse's Name _____
13. Children of Deceased _____

The furnishing of this form or its acceptance by the Company shall 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.

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Beneficiary Information

1. Beneficiary's Full Name _____

2. Date of Birth (MM/DD/YYYY) _____ 3. Social Security No. or Tax ID _____
Individual Beneficiary's Social Security Number / Estate Tax ID Number / Trust Tax ID Number

4. Permanent Address _____
(Number, Street, and Apt. or Suite No. - Do not use a P.O. Box or in care of address)

City _____ State _____ Zip _____

5. Mailing Address _____
(if different than above)

City _____ State _____ Zip _____

6. Cell Phone _____ 7. Other Phone _____
Area Code Phone Number Area Code Phone Number

Please select your method of payment

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 2. **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. See the "State Fraud Warnings" page for important state specific fraud warnings.

By signing below, I acknowledge I have read the applicable fraud warning on the "State Fraud Warnings" page and I certify that all answers on this form are true and correct.

Name _____ Signature X _____
(Please Print) (See "Claim Instructions")

Date (MM/DD/YYYY) _____

The furnishing of this form or its acceptance by the Company shall 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.