

DEATH CLAIM FORM



Family Liberty Life
— INSURANCE COMPANY —

Name of Deceased: _____

Deceased's Address: _____

Date of Birth: _____ Date of Death: _____

Policy #: _____ SSN: _____

_____ I hereby certify that the policy has been lost or destroyed. _____
(Must be initialed)

The beneficiary affirms that the statements are true and complete to the best of his/her knowledge.

Beneficiary Name: _____ Phone #: _____

Beneficiary Address: _____

SSN: _____ Relationship: _____

Beneficiary Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

ASSIGNMENT (Completed by the Beneficiary if assigning to Funeral Home.)

Family Liberty Life Insurance Company is authorized to pay the below referenced Funeral Home the said amount of proceeds \$ _____ as payment on a funeral for the above listed policy holder. I (beneficiary) know of no reason of any nature why I am not entitled to such proceeds and hereby state and represent that I am entitled to the payment. I hereby agree the designated Funeral Home may receive the proceeds assigned. Any amount exceeding the assignment shall be paid directly to the beneficiary in accordance with the terms of the policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information is guilty of a crime and may be subject to fine or confinement in prison.

Funeral Home: _____

Mailing Address: _____

Federal Tax I.D. #: _____

Beneficiary Signature: _____ Date: _____

Funeral Home Representative: _____ Phone #: _____

Notary Public: _____

Commission expires: _____