

INSTRUCTIONS & CLAIMANT'S STATEMENT

CLAIMANT'S STATEMENT must be completed by the person(s) to whom the insurance is payable. If there is more than one beneficiary, you may make copies of this form as needed.

When a policy is payable to the Estate, the Claimant's Statement must be completed by the Executor(s) or Administrator(s), and submitted along with the Letters Testamentary issued by the Court appointing that individual.

When a policy is payable to a company or corporation, the Claimant's Statement must be signed by two officers and include each officer's title.

When a policy is payable to a named beneficiary who is the age of majority or older, the Statement must be made and signed by such beneficiary.

When a policy is payable to a minor, the Statement may be completed by the Court-appointed Guardian of the minor's Estate and submitted along with a copy of the Court issued appointment or in accordance with other applicable state law. Proceeds may also be held with the Company at interest until the minor reaches the age of majority, which varies by state.

If a policy has been collaterally assigned by the owner prior to the death of the insured, a Statement of Interest is also required. This document provides a statement of the assignee's interest and may be obtained by contacting our office.

When an official inquiry as to the cause of death has been made, a certified copy of the medical report, verdict, or finding, must be furnished with this statement.

If any part of the proceeds of a policy is payable to "children" or to others of a designated class, an affidavit must be furnished giving the name and date of birth of each and stating that the persons named in the affidavit constitute all of the class designated in the policy. If any have died, the affidavit must give the date and place of death.

Form 712 may be requested at any time and will be provided upon completion of the claim payment.

**CLAIMANT'S STATEMENT
Part A (INFORMATION ABOUT THE DECEASED)**

Name of Deceased (State all names used by the deceased during their life including maiden name, nickname, alias, or other name)		Policy Number(s)
Deceased's Date of Birth	Deceased's Social Security Number	Date of Death
Deceased's Place of Birth		Cause of Death
List all policy numbers with this company:		If cause of death was other than natural: [] Suicide [] Homicide [] Accident



Part B (INFORMATION ABOUT THE BENEFICIARY) (205-N2032576)

Beneficiary's Name _____
First Middle Last Telephone Number

Mailing Address _____
Street City State Zip Code

Beneficiary's Email Address _____
(Note: Only to be used for the purpose of claim handling)

Beneficiary's Social Security Number/Tax I.D. # _____

Date of Birth _____ Relationship to the Deceased _____
Month Day Year

By my signature below I certify, under penalty of perjury, that the Social Security Number/Tax I.D. identified above is correct. I further certify that I am or I am **NOT** subject to backup withholdings because (a) I am exempt, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholdings.

Part C (Policy/Death Certificate Information) Please check the appropriate statements:

- Enclosed is a certified copy of the death certificate of the insured.
- I have enclosed the original policy(ies) – or -
- After a diligent search, the original policy(ies), or copies, cannot be located
- If the beneficiary is a trust, I have enclosed trust documents, which shows any successor trustee(s).
- If the beneficiary is a trust, I certify that the trust is still in full force and effect.

Note: Failure to return the certified death certificate and to check the appropriate boxes in Part C may delay payment. Death certificates cannot be returned.

Part D (Settlement Options) Please check one of the following options, initial your selection, and sign below:

- Initial _____
- _____ Make proceeds immediately available*
 - _____ I am interested in the Special Payment Options (e.g. Deposit, Installment or Life Income Options). Please send me additional information on these other options.
 - _____ Other (please specify): _____

*Unless a lump sum payment is specifically requested, policy proceeds totaling \$5,000 or more will be automatically settled by an interest-bearing Financial Access Account for your benefit. Upon approval of your claim, you will receive a book of personalized drafts, which may be used immediately to access some or all of the policy's proceeds. You will have use of the account until your balance falls below \$250, at which time it will be closed and the balance in the account plus accrued interest will be sent to you within 45 days. Although Financial Access Accounts are not FDIC insured, they are backed by the full strength and security of United Fidelity Life Insurance Company, the parent company of the life insurance companies owned or administered by Americo Life, Inc.

FRAUD

Several States require that a notice be provided to each claimant to protect against Fraud. The undersigned acknowledges the Fraud Notice document has been received, read and is incorporated by reference if the State I reside in is listed on that notice. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

The undersigned agrees that this statement constitutes a claim for proceeds, if any, as was contractually in force at the time of the Deceased's death and that furnishing of this form does not waive any contract provisions.

_____	_____	_____	_____
Disinterested Witness	Date	Beneficiary Signature	Date

Witness Address and Phone Number			

MUST BE SIGNED BY A WITNESS