



STATE OF: _____)
)
COUNTY OF: _____) SS.

AFFIDAVIT OF INSURED’S PROOF OF DEATH

_____, being duly sworn under oath
deposes says under penalties of perjury that:

“On (date) _____ the Insured _____ (“Decedent”) died and _____ (“FH”) performed the services for the named deceased at the request of the beneficiary (ies) (“Beneficiaries”) of the insurance policy (ies) issued by the Life Insurance Company _____.

- 1. The Decedent’s primary cause of death was () natural or () accidental () homicide.
- 2. The Beneficiaries of the Decedent’s insurance policy (ies) has assigned the proceeds to **North Carolina Mutual Financial**, P.O. Box 123550, Fort Worth, TX 76121 (irrevocable assignment attached).
- 3. Since the death certificate is not yet available, I am submitting the affidavit and the attached obituary and/or program in lieu thereof as proof of death.
- 4. I affirm and attest under penalty of perjury the Insured is dead.”

Signature

FUNERAL DIRECTOR or AGENT OF FUNERAL HOME or CEMETERY

Subscribed and sworn to before me this ____ day of _____ 20 ____.

NOTARY PUBLIC My commission expires