



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, Lock Box 123550, Fort Worth, TX 76121-3550
(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