



BANKERS FIDELITY LIFE INSURANCE COMPANY®

P. O. Box 105652, Atlanta, Georgia 30348-5652 Toll Free: 866-458-7499

**CLAIMANT'S STATEMENT
(Death Claim)**

Name of Deceased	Policy Number
Date of Birth	Date of Death
From what record was date of birth obtained?	Place of Death
Place of Birth	Cause of Death
If any policy in this Company was assigned, give particulars and attach the assignment form(s)	When did health of deceased first become impaired?
	In last illness, when did deceased first consult a physician?

The undersigned hereby makes the claim to said insurance as beneficiary and agrees that the written statements and affidavits of all physicians who attended or treated the insured and all other papers called for by the instructions hereon shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form or any of the forms supplemental thereto by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question nor a waiver of any of its rights or defenses.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties. (Refer to back page for addition state versions.)

Authorization To Release Information

I hereby authorize any physicians, practitioners, hospitals, clinics, pharmacists, insurance companies, employers, credit reporting agencies, government agencies and other persons or institutions to furnish Bankers Fidelity Life Insurance Company® or its authorized representative copies of any and all information, date or records you have regarding any illness or injury, physical or mental condition, medical history, consultation, prescriptions treatment, or employment pertaining to the insured. I understand that I have a right to request a copy of this authorization. A photocopy of this authorization shall be considered effective and valid as the original.

Claimant's Signature _____ Age _____ Relationship to Deceased _____

Print Name _____

Address _____ Date _____

City, State, Zip Code _____ Telephone Number _____

E-mail Address _____ Witness to Signature _____

Claimant's Signature _____ Age _____ Relationship to Deceased _____

Print Name _____

Address _____ Date _____

City, state, Zip Code _____ Telephone Number _____

E-mail Address _____ Witness to Signature _____

See Reverse for Instructions and Additional Information

This will acknowledge notice of the death of the named policyowner. IT IS NOT NECESSARY TO EMPLOY ANY PERSON NOR INCUR ANY EXPENSE TO COLLECT A VALID CLAIM FROM THIS COMPANY.

The claimant's statement is on the reverse side of this sheet.

This statement must be completed by the party or parties to whom insurance is payable as beneficiaries. If there is more than one beneficiary, all beneficiaries may sign the same statement, or each beneficiary may make a separate statement. When the policy is payable to a minor, the claimant's statement must be made by the legal guardian, a certified copy of whose appointment and authority must be furnished.

When the policy is payable to the insured's estate, the claimant's statement must be completed by the executor or administrator and a certified copy of their appointment and authority must be furnished.

When the policy is payable to a corporation or firm, the claimant's statement must be made by a duly qualified officer who has the power and right to make such a claim in the name of the corporation or firm.

If all of the beneficiaries have died before the insured, unless the policy specifically provides otherwise, the claimant's statement should be completed by the duly appointed executor or administrator of the insured's estate, and a copy of their appointment and authority should be furnished. Also, a certified copy of the death certificate of the deceased beneficiaries is required.

Each signature must be witnessed.

In addition to the claimant's statement, please furnish:

- 1) A certified copy of the Insured's death certificate
- 2) The policy
- 3) Additional information may be required depending on the circumstances of the claim.

If the policy has been assigned, it is necessary that an assignment form be completed by the assignee and beneficiary or beneficiaries and included with all other requirements.

Change of Name

Please change my name as beneficiary of Policy No. _____

from _____ to _____ due to _____

Witness

Beneficiary

Date

Date

Affidavit of Loss of Policy

I/we _____, of lawful age, state that policy number _____ has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it; that this affidavit is made for the purpose of inducing said Company to consider issuing a said policy; and that the original policy will be returned to the Company immediately if it shall be found.

Witness _____

Signed _____

Signature of beneficiary

Date

Date

STATE VERSION FRAUD WARNINGS

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Virginia Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.