

Colonial Security Life Insurance Company

HOME OFFICE – Dallas TX

PROOFS OF DEATH

Life Insurance Claim

(Please read instructions on reverse side)

CLAIMANT'S STATEMENT

1. Policy Number (s) _____ Who has the policy or policies? _____
2. (a) Deceased's name in full _____
 (b) Residence address _____
 (c) Occupation at death _____ Date Last Worked? _____
3. (a) Date of BIRTH of deceased _____ Place of birth _____
 (b) Is there a governmental, church or state record of this birth? _____ If so, which? _____
4. (a) When did the deceased first complain of or give other indications of last illness? _____
 (b) When did the deceased first consult a physician for last illness? _____
5. Names of all physicians or practitioners who attended or prescribed for deceased within five years preceding death:

Names	Addresses	Dates of Attendance	Diseases or Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
6. (a) DATE OF DEATH _____ Place of Death _____
 (b) Cause of death _____
7. Other life, health and accident insurance on the life of deceased:

Name of Company	Date of Policy
_____	_____
_____	_____
_____	_____
8. CLAIMANT'S date of birth _____ CLAIMANT'S Social Security No. _____
9. Remarks _____

The undersigned hereby makes claim to said insurance and agrees that the written statements and affidavits of all physicians who attended or treated the deceased, and all other records of any kind 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 of any other forms supplemental thereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life of the deceased in said Company, nor a waiver of any of its rights or defenses.

The undersigned hereby authorizes any physician, practitioner, hospital or other institution (including any Veteran's Administration Facility Hospital), insurer or other organization or person having any records, data or information concerning to furnish such records, data or information to Colonial Security Life Insurance Company, or its authorized representative as requested, or testify to any information thus acquired, any provision of the law to the contrary notwithstanding. A photocopy of this authorization shall be as valid as the original. **Any person who knowingly and with intent to defraud, files a statement of claim containing any materially false or misleading information, commits a fraudulent act which is a crime.**

Dated at _____ this _____ day of _____, 20_____.

Witness

Claimant

Signature _____

Signature _____

Address _____

Address _____

City State or Province Zip or Postal Code City State or Province Zip or Postal Code

PLEASE ATTACH POLICY OR POLICIES

INSTRUCTIONS

A. CLAIMANT'S STATEMENT:

- 1) The beneficiary or claimant is to complete the claimant's Statement on the reverse side of this sheet. If one claimant is making claim under two or more policies he is to complete only one Claimant's Statement covering all policies.
- 2) If there are two or more beneficiaries, any one of them may complete the Claimant's Statement on behalf of all, in which case the full name, address, date of birth and social security number of each beneficiary is to be shown. If any of the beneficiaries named in the policy are deceased, a certified copy of the death Certificate of such deceased beneficiary must accompany the Claimant's Statement.
- 3) If the policy is payable to the Estate or to the Executors or Administrators of the Insured, the Claimant's Statement should be executed by the Executor or Administrator. A certificate of his appointment must be furnished.
- 4) If the policy is payable to a minor or a mentally incompetent person, the Claimant's Statement is to be executed by the guardian. A certificate of the guardian's appointment is to be furnished; otherwise contact the Company for instructions.
- 5) If the policy has been assigned absolutely both in form and in fact, the Claimant's Statement is to be completed by the Assignee. If collaterally assigned, the Claimant's Statement is to be completed by both the beneficiary and Assignee. (Upon approval of claim, payment will be made by a check payable jointly to beneficiary and Assignee, unless otherwise directed.)
- 6) Every question is to be fully and distinctly answered. If space is insufficient for a full and complete answer, additional information may be attached to the Claimant's Statement. Complete answers will assist the company in taking prompt action on the claim.
- 7) The signature of the beneficiary or claimant is to be witnessed by a company employee or agent, or by a disinterested adult. Full address of witness is to be furnished. If signature of beneficiary or claimant is not thus witnessed, it is to be certified by a Notary Public.

B. DEATH CERTIFICATE:

A Certified copy of the Death Certificate as recorded with the Bureau of Vital Statistics is required.

C. Policy or Policies:

Please send the policy or policies with the completed Proofs of Death. (This will facilitate payment of the claim.)

NOTE: The cost, if any of completing claim papers, is to be borne by the beneficiary or claimant.

Any person who knowingly and with intent to defraud, files a statement of claim containing any materially false or misleading information, commits a fraudulent act which is a crime.