

WARNING: Any person who knowingly submits a request for benefits containing a false or deceptive statement is guilty of fraud and may be subject to criminal penalties.

REPORT OF DEATH

The furnishing of this form is neither an admission of protection or liability by the Financial Institution or a waiver of any rights or defenses.

INSTRUCTIONS:

- | | |
|---|--|
| <p>1. The Financial Institution is to complete the Report of Death. An Addendum, Installment Loan or Line of Credit (LOC) number is required to consider benefits.</p> <p>2. The Financial Institution is to assist the family in completing Form 740B, Authorization to Obtain Information. If the purchased protection provides for accident only protection, a copy of an accident report, police report or other official document showing the cause of the accident is required.</p> | <p>3. Submit the following to CSO, at the above address:</p> <p>a. A certified Death Certificate;</p> <p>b. The Report of Death, Form 460B 5th Rev.;</p> <p>c. Authorization to Obtain Information, Form 740B; and</p> <p>d. Any required documentation for accident only coverage, if applicable.</p> |
|---|--|

PROTECTED BORROWER - INSTALLMENT LOAN / LOC INFORMATION:

Protected Borrower's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Addendum Number: _____

Effective Date of Protection: _____ Addendum Term: _____

Loan / LOC Number: _____
(If different from Addendum Number)

Effective Date of the Loan / LOC: _____ Loan Term: _____

If Debt Cancellation Protection was offered through a dealer, please provide the name below.

(Dealer Name)

Installment Loan:

Outstanding Loan Amount \$ _____
(on the date of death)

Less delinquent principal and interest over 60 days past due: - _____
(Do not subtract the amount related to the first 60 days of delinquency)

Requested Benefit Amount =\$ _____

Have loan extensions been granted on this Loan? Yes No
If yes, please provide loan history.

Line of Credit (LOC):

Note: Please attach the entire loan history up to the date of death.

Outstanding LOC Amount \$ _____
(on the day before the date of death)

Less delinquent accrued unpaid interest over 60 days past due: - _____
(Do not subtract the amount related to the first 60 days of delinquency)

Requested Benefit Amount =\$ _____

Name of Financial Institution: _____
(Where the borrower sends their loan payments)

Address: _____
(Street, City, State, Zip)

Phone Number: _____

Financial Institution Officer's Signature: _____ Date: _____

Printed Name: _____ Title: _____

