

WARNING: Any person who knowingly files a statement of claim containing false, incomplete or misleading information may be subject to criminal and civil penalties.

REPORT OF DEATH

The furnishing of this form is neither an admission of coverage or liability by the Company nor a waiver of any rights of defenses.

INSTRUCTIONS:

- (1) Creditor complete Report of Death
- (2) Submit a certified copy of the Death Certificate with this Report of Death.

CREDITOR'S STATEMENT

Name of Insured in full _____

Address _____

LOAN OR CONTRACT INFORMATION	INSURANCE INFORMATION
Date of Note: _____	Effective Date of Policy/Certificate: _____
Has note been refinanced since above date? _____	_____
If yes, when? _____	Policy/Certificate Contract Number: _____
Amount of Note: _____	_____
Term of Note: _____	Original Amount of Life Insurance: _____
First Payment Due Date: _____	_____
Last Payment Due Date: _____	Term of Insurance (months): _____
Amount Paid Prior to Death: _____	_____
Date of Last Payment: _____	_____

PAYOFF INFORMATION	
Net Pay-Off Balance as of today: _____	*NOTE: There is no life premium refund given on a life claim. If your system automatically debits the life premium when calculating the payoff amount, please add the premium refund back into the payoff amount. (This does not apply in WY.)
*Credit Life Premium Refund: + _____	
EQUALS Total Amount of Pay-Off: = _____	
Interest Charged per day: _____	
Was Account Delinquent on the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____ Amount: _____	
Have there been loan extensions: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Months? _____	
Delinquent payments and loan extensions may not be covered.	

I hereby certify that the answers given above are full and true:

Signed: _____ Date: _____

Official Position: _____

Financial Institution Name: _____

Address: _____

Phone Number: _____ Loan Account Number: _____