

Policy Number _____

36 South State, Salt Lake City, Utah 84136



Telephone: (801) 933-1100 • (800) 233-7979

BENEFICIAL LIFE INSURANCE COMPANY

Claimant's Statement

I. Insured Information

Policy Number _____ Name of Deceased _____

Other names by which the deceased may have been known _____

(such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias)

Date of Birth _____ Date of Death _____

Marital Status: Single Married Widow/Widower Separated Divorced

Name of Spouse _____

Cause of Death _____

When did Deceased first give indication of last illness? _____

If the policy is less than five years old, list the names and addresses of all physicians who attend the deceased and all hospitals or institutions where treated during the last illness (attach an additional page if necessary)

Name	Address	Date	Disease or Condition
------	---------	------	----------------------

II. Beneficiary Information *(Attach an additional page if necessary)*

Name	Address	Date Of Birth	Soc. Security #	Phone#	Marital Status
------	---------	---------------	-----------------	--------	----------------

Name Change: *Please complete only if current name is different from that listed on policy records.*

Change the name of the beneficiary to

Previous Full Name *(please print)*

New Full Name *(please print)*

Reason for change: Marriage Adoption Other *(Explain)* _____

Please provide a copy of supporting documentation for name change; i.e., marriage certificate, adoption certificate, social security card, divorce decree, drivers' license, naturalization verification, court order, or other documentation determined acceptable by Beneficial Life Insurance Company. Please call our Customer Service Department at 1-800-283-2050 for assistance

Check this box if you have been notified by the Internal Revenue Service that you are subject to backup withholding on interest and dividends.

Policy Number

III. Settlement Options

Cash Settlement* Other

* For personal beneficiaries receiving \$5,000 or more, the cash settlement option is the **Beneficial Legacy Account**. The Beneficial Legacy Account is an interest-bearing draft account in your name. You will receive a checkbook, and may immediately access all or a portion of the funds by writing a check against the account.

If you have questions about the Beneficial Legacy Account, or if you would like more information about other settlement options (e.g., installment or life income options), please call us at 1-800-283-8931.

The undersigned beneficiary(ies) hereby make(s) claim for insurance proceeds and authorizes any hospital, physician, insurance company, employer or other person or entity to furnish to Beneficial Life Insurance Company or its representatives, any and all information concerning the Insured/Deceased _____. A reproduced copy of this authorization will be as valid as the original. Statements and documents obtained under this authorization will be part of the proof of death. The furnishing of this form, or any other forms supplemental to it, is not an admission that there was any insurance in force, nor a waiver of any rights or defenses of the Company.

I/We certify, under penalty of perjury, that the information above is true, correct and complete to the best of my/our knowledge, and I/We have read the fraud notice and required statements associated with this statement. *(Attach an additional page if necessary)*

Beneficiary(ies) Signature – Sign as you sign checks

Date

Agent / Home Office Special Handling Instructions

Agent Name: _____

Agent No. _____

Address: _____

Phone No. _____

Fax No. _____

Special Handling Instructions: _____

Would you like to deliver the proceeds? Yes No

Fraud and Other State Required Statements

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

California: For your protection California law requires the following: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: Under Virginia law, any person who, with 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 is guilty of fraud.

New Jersey: If your claim is not resolved satisfactorily, you may appeal the claim by writing our Conservation and Resolution Department at the address on the front of this form.

Instructions for Completing Proofs of Death

Proof of death ordinarily consists of:

1. Claimant's Statement
2. Certified copy of the death certificate
3. Policy

The Company may require other information in certain circumstances. Some of these other requirements are given below:

- If the primary or first beneficiary is deceased, we will need evidence of this death.
- If there is more than one beneficiary, we will need, names, addresses, social security numbers and signatures for each beneficiary. You may attach a separate sheet if necessary.
- If an estate, executor or personal representative is the beneficiary, a certificate of the appointment and qualification of the executor or personal representative by the court must be submitted to the Company.
- If a minor is a beneficiary and no custodian has been named to receive his share, a guardian or conservator must be appointed by court proceedings and a certificate of the appointment must be submitted to the Company. If no guardian is appointed, the funds will be held at simple interest until the minor becomes of age and requests payment.
- If proceeds are payable to a group, such as "children", a statement must be submitted to the Company giving the names, dates of birth and social security number for each. If any have died, proof of death for each deceased child must be submitted.
- If the proceeds of the policy have been assigned as collateral security for a loan, the assignee must furnish a written statement of the amount due and the beneficiary should verify in writing the correctness of the amount.
- If claim is made for accidental death benefits, consideration of the claim can be facilitated by furnishing a newspaper account, police report, or coroner's report, in addition to the required proof of death.