

PROOF OF DEATH CLAIMANT'S STATEMENT

Administrator's Office:
PO BOX 25326, Overland Park, Kansas 66225-5326

REMEMBER: IT MAY BE A CRIME TO FILL OUT THIS FORM WITH FACTS YOU KNOW ARE FALSE OR TO LEAVE OUT FACTS YOU KNOW ARE RELEVANT AND IMPORTANT. CHECK TO BE SURE THAT ALL INFORMATION IS CORRECT BEFORE SIGNING.

Policy Number(s) _____

Deceased's name in full? _____ Married? ___ Single? ___ Divorced? ___ Widowed? ___

1. Residence at death? Street _____ Town/City _____ State _____

2. a. Date and Place of deceased's birth? Date _____ Place _____

b. Source from which date of birth obtained? _____

(Family Record or other record or certificate of birth should be referred to)

3. Date and Cause of death? Date _____ Cause _____

4. In what capacity, or by what title, do you claim this insurance? _____

5. Who has possession of the policy?

"X" the appropriate box

Policy Enclosed

Policy Lost

I certify the statements provided in this form are true and complete to the best of my knowledge.

Undersigned hereby applies for the payment of said insurance by the company and agrees that the written statements and affidavits of all the 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 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 in question, nor a waiver of any of its rights or defenses.

I certify that no proceedings in bankruptcy are pending and under penalty of perjury that the social security number and/or tax identification number is my correct tax payer number, and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Beneficiary Name (please print or type name) _____

Social Security Number _____ Date of Birth _____ Phone _____

Address _____

Email Address _____

Date _____ Signature of Beneficiary _____

In ordinary cases, the proofs of death required are as follows:

Statement No. 1 must be made by the person or persons to whom the insurance is payable. If there is no more than one beneficiary, all may join in one statement, or a separate blank will be furnished for each if desired.

When a policy is payable to the estate or executors or administrators of the insured, the statement must be made by an executor or administrator, a certificate of whose appointment and qualifications must be furnished.

When a policy is payable to the named beneficiary of full age, the statement must be made by such beneficiary. When a policy is payable to a minor, the statement must be made by a guardian, an official certificate of whose appointment and qualification must be furnished.

When a policy has been assigned, the statement must be made by the assignee. When a policy is payable to named beneficiary or two or more beneficiaries and by the death of any beneficiary has become otherwise payable, a statement, duly sworn to must be furnished, giving the place and date of death of the deceased beneficiary. When a policy, or any part of it, is payable to "children" or others of a class, a sworn statement must be furnished, giving the names and dates of birth of each. If any died, the statement must give the date and place of death, and must state whether they died unmarried, intestate, and without issue.

CLAIM FRAUD WARNING AND NOTIFICATIONS

All States Except As Indicated Below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Alabama, Arkansas, District Of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California Law requires the following to appear on this form: 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, 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.

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

Illinois: A valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds; or 3) the date that any legal impediments are resolved.

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to contact the Illinois Department of Insurance; it maintains a Consumer Division in Chicago at 122 S. Michigan Avenue, 19th Floor, Chicago, Illinois 60603 and Springfield at 320 West Washington Street, Springfield, Illinois 62767.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

In accordance with N.J.A.C. 11:25-2, our company is required to advise you that an internal appeals process is available to you. You may file an appeal by contacting:

New Jersey Office of the Insurance Claims Ombudsman

20 West State Street, 9th Floor

P.O. Box 472

Trenton, NJ 08625

Phone: (609) 292-7272 or (800) 446-7467

Fax: (609) 292-2431

Webpage: <http://www.state.nj.us/dobi/ombuds.htm>

Email: Ombudsman@dobi.state.nj.us

New York: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: 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.