

**PROOF OF DEATH CLAIMANT'S STATEMENT**

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

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**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

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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 \_\_\_\_\_

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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.

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**UNIFIED LIFE INSURANCE COMPANY**  
**IMPORTANT CLAIM NOTICE AND FRAUD WARNINGS**

**ALL STATES EXCEPT AS INDICATED BELOW:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or a statement of claim containing any materially false information; or (2) who for the purpose of misleading, conceals information concerning any material fact, commits a fraudulent insurance act. This may be considered a crime and such person may be subjected to criminal and civil penalties.

<b>ALASKA:</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be criminally prosecuted under state law.
<b>ARKANSAS:</b>	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.
<b>ARIZONA:</b>	For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>CALIFORNIA:</b>	<p>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.</p> <p><u>Claims Notice:</u> Our company is required to notify you that you may have the matter reviewed by the: California Department of Insurance, Consumer Communications Bureau 300 South Spring Street, South Tower, Los Angeles, CA 90013 Phone: 1-800-927-HELP (4357) or (213) 897-8921 TDD: 1-800-482-4TDD (4833)</p>
<b>COLORADO:</b>	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.
<b>DISTRICT OF COLUMBIA:</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>DELAWARE:</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>FLORIDA:</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>IDAHO:</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>ILLINOIS:</b>	<p><u>Notice Life Insurance Claim:</u> 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.</p> <p><u>Claims Notice:</u> Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.</p>
<b>INDIANA:</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**UNIFIED LIFE INSURANCE COMPANY**  
**IMPORTANT CLAIM NOTICE AND FRAUD WARNINGS**

<b>KENTUCKY:</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>MARYLAND:</b>	Any person who knowingly and 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.
<b>MAINE:</b>	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 a denial of insurance benefits.
<b>MINNESOTA:</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>NEBRASKA</b>	<p><u>Claims Notice:</u> Please submit claims appeals to Unified Life Insurance Company, Attention Claims Appeals, P.O. Box 25326, Overland Park, KS 66225-5326. If further review is sought, you may contact:</p> <p>Nebraska Department of Insurance Terminal Building, 941 O Street, Suite 400, Lincoln, NE 68508-3690 Phone: (877) 564-7323 or (402) 471-2201</p>
<b>NEW HAMPSHIRE:</b>	<p>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.</p> <p><u>Claims Notice:</u> We will, of course, be available to you to discuss the position we have taken. Should you, however, wish to take this matter up with the New Hampshire insurance department, it maintains a service division to investigate complaints at 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301. The New Hampshire insurance department can be reached, toll-free, by dialing 1-800-852-3416.</p>
<b>NEW JERSEY:</b>	<p>Any person who knowingly files a claim containing false or misleading information is subject to criminal and civil liability.</p> <p><u>Claims Appeal:</u> Please submit claims appeals to Unified Life Insurance Company, Attention Claims Appeals, P.O. Box 25326, Overland Park, KS 66225-5326. If further review is sought, in accordance with N.J.A.C 11:25-2, you may contact:</p> <p>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: <a href="http://www.state.nj.us/dobi/ombuds.htm">http://www.state.nj.us/dobi/ombuds.htm</a> Email: <a href="mailto:Ombudsman@dobi.state.nj.us">Ombudsman@dobi.state.nj.us</a></p>
<b>NEW MEXICO:</b>	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 civil fines and criminal penalties.
<b>NEVADA:</b>	Any person who misrepresents or falsifies essential information requested on this form may, upon conviction, be subject to a fine and imprisonment under state or federal law, or both.
<b>NEW YORK:</b>	Any person who knowingly and with intent to defraud 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 act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.
<b>OHIO:</b>	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 insurance fraud.
<b>OKLAHOMA:</b>	<b>WARNING:</b> 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.