Citi PAYMENT SAFEGUARD

P.O. Box 901016 Fort Worth, TX 76101-9769 Telephone: 877-242-5987 Fax: 817-820-5908

CLAIMS 2301

| DEATH BENEFIT FORM | | |
|--|--|--|
| Cardmember's First Name MI Last Name | | |
| | | |
| Account Number | | |
| | | |
| | | |
| INSTRUCTIONS FOR BENEFITS SUBMISSION | | |
| Complete the information below, date and sign as indicated. | | |
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| 2) Attach a certified copy of Death Certificate. | | |
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| | | |
| 3) All dates must include the MONTH, DAY, and YEAR. | | |
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| | | |
| 4) Benefit processing may be delayed if all information is not provided. | | |
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| | | |
| 5) If the deceased person is not the Cardmember or an authorized card user, attach pay stubs for both the | | |
| Cardmember and Deceased Person to this form as evidence that you lived in the same household and to compare your employment income. If pay stubs do not reflect your address, also attach copies of your driver's licenses. | | |
| , can compression in pay course to mean construction and according to the construction of the construction | | |
| Note: Altered forms will not be accepted. Discontinued for processing fully completed benefit | | |
| Note: Altered forms will not be accepted. Please allow 15 days after mailing for processing fully completed benefit forms. If you have any questions call Payment Safeguard Processing Center toll free at 877-242-5987 . | | |
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| SECTION A CARDMEMBER'S INFORMATION | | |
| | | |
| Cardmember's Address City State Zip | | |
| Sity State Zip | | |
| | | |
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In our effort to provide quality service, our Customer Service telephone lines are subject to service monitoring.

Cardmember's Telephone #

Cardmember's Date of Birth

| CARDMEMBER'S NAME | ACCOUNT/CLAIM # |
|--|--|
| SECTION B PROVIDE THE FOLLOWING INFORMA | ATION REGARDING THE DECEASED PERSON |
| Name of Deceased | Date of Birth / / / |
| Address of Deceased | City State Zip |
| Cause of Death | Date of Death / / / / |
| If Due to Accidental Injury, Date of Injury | |
| SECTION C PROVIDE THE FOLLOWING INFORMATION DEATH | ATION REGARDING THE PERSON REPORTING THE |
| Name of Person Reporting Death | Your Telephone # |
| Your Relationship to Cardmember | Your Relationship to Deceased |
| | |
| Your Address | City State Zip |
| I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief. Any person who knowingly and with intent to defraud any corporation or person, files a statement 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, subject to criminal prosecution and civil penalties. | |
| Signature of Person Reporting Death | Today's Date |
| | |