

# DIRECTORS LIFE ASSURANCE COMPANY

## DEATH CLAIM

Name of Insured: \_\_\_\_\_ Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

The undersigned hereby makes claim to said insurance with DIRECTORS LIFE ASSURANCE COMPANY.

The undersigned hereby authorizes Directors Life Assurance Company ("DLA") to request any information concerning the death of the insured that DLA may deem necessary, pursuant to the authorization on the reverse side of this Claim Form.

### CHECK the Documents you have included:

\_\_\_\_ Enclosed is the policy or duplicate when available.

\_\_\_\_ Attached to this form is a copy of a Certified Certificate of Death.

Signed (Beneficiary): \_\_\_\_\_ or Signed (Assignee): \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_

**SIGNATURE (Funeral Home Director):** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the above named \_\_\_\_\_ who is known to me and who subscribed the foregoing statement before me and made oath that the foregoing answers are each and all complete and true.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

(SEAL)

### 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 false, incomplete, or misleading information is guilty of a felony.**

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