

PROOFS OF DEATH-CLAIMANT'S STATEMENT

INSURING COMPANY (Please check one):

- American-Amicable Life Insurance Company of Texas • Email: Claims@AmericanAmicable.com
- IA American Life Insurance Company • Email: Claims@IAAmerican-Waco.com
- Pioneer American Insurance Company • Email: Claims@PioneerAmerican.com
- Pioneer Security Life Insurance Company • Email: Claims@PioneerSecurityLife.com
- Occidental Life Insurance Company of North Carolina • Email: Claims@OccidentalLife.com

P.O. Box 2549 • Waco, TX 76702-2549 • 800-736-7311

Before completing this statement, read the attached instructions.

By furnishing forms and investigating the claim, the company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

1. Policy Numbers: _____ Amounts: _____
2. Deceased's name in full: _____ Marital Status: _____
3. Residence at death: Street: _____ City: _____ State: _____ Zip: _____
4. Usual Occupation (not just Retired): _____
5. a. Date of deceased's birth: _____ b. Place of birth: _____
6. a. Date of death: _____ b. Place of death: _____
- c. Cause of death: _____

Note: Complete questions 7 through 11 only if policy has been in force less than 2 years and / or accidental benefits are claimed.

7. Date deceased first complained of, or gave other indications of his / her last illness: _____
8. When did deceased first consult a physician for his / her last illness? _____
9. On what date did deceased last attend to his / her usual work? _____
10. Give names and address of all physicians who attended deceased during the last five years prior thereto:

Names	Addresses	Date of Attendance	Disease or Condition
11. In what other companies, and for what amounts, was the life of the deceased insured under accident and / or life policies?

12. I hereby certify that the policy of insurance for the listed policy has been ENCLOSED LOST DESTROYED
(If policy is enclosed we must have original; a photocopy is not acceptable)

13. Taxpayer I.D. Information:

Enter the claimant's taxpayer identification number in the appropriate box. For most individuals this is your social security number	BENEFICIARY / CLAIMANT'S SS. NO.	OR	TAX I.D. NO.
Note: If the account is in more than one name, see the chart for guidelines on which number to give the payer. If the Social Security number or Tax I.D. number is not provided, and backup withholding is applicable, taxes will be withheld from the proceeds.			
CERTIFICATION - Under penalties of perjury I certify that (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report at interest or dividends or the IRS has notified me that I am no longer subject to backup withholding.			
PLEASE SIGN HERE	CLAIMANT'S SIGNATURE	DATE	

14. Dated at _____ this _____ day of _____, 20____.
City & State

15. **Claimant's Signature** _____ Date of Birth _____ Relationship _____

Claimant's Printed Name _____

16. Claimant's Mailing Address _____
Street or P.O. Box
City _____ State _____ Zip _____ Daytime Phone No. _____

17. Witness to Signature _____ (Does not need to be notarized)

GENERAL INSTRUCTIONS

1. **Claimant's Statement.** This statement must be completed by the beneficiary. If there is more than one beneficiary, each must complete a separate statement.
2. **Death Certificate.** A Certified copy of the death certificate is to be furnished with this form.
3. **Newspaper Account.** When available, a newspaper account of the death should be submitted.
4. **Policy.** The policy should be sent with this Statement. Explain if not enclosed.

SPECIAL INSTRUCTIONS

Estate Beneficiary. The Statement must be completed by the Executor or Administrator, and a certified copy of appointment must be furnished.

Minor Beneficiary. The Statement is to be completed by the legally appointed guardian of the Estate of the minor and an official certificate of the guardian's appointment must be furnished.

Predeceased Beneficiary. When a beneficiary has predeceased the insured, a certified copy of the death certificate is to be furnished.

Class Beneficiaries. (Example: "Children of the Insured") An affidavit showing the names and dates of birth of each must be submitted, or submit a copy of an Obituary or copy of Will listing all persons in the designated class.

Assignee. The Statement is to be completed by the assignee. If the assignment is no longer effective, a release of assignment from the assignee should be submitted. If collaterally assigned, the statement should be completed by both the beneficiary and assignee and the amount claimed by the assignee indicated on the statement.

Guidelines for Determining the Proper Identification Number to Give the Payer. —
Social Security numbers have nine digits separated by two hyphens: i.e., 000-00-0000. Employer identification numbers have nine digits separated by only one hyphen: I.E., 00-0000000. The table below will help you determine the number to give the payer.

For this type of account:	Give the SOCIAL SECURITY number of—	For this type of Account	Give the TAX IDENTIFICATION number of—
1. An individual's account	The individual	8. Sole proprietorship account	The owner
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, any one of the individuals	9. A valid trust, estate, or pension trust	Legal entity (Do not furnish the identifying number of the personal representative or trustee unless the legal entity itself is not designated in the account title.)
3. Husband and wife (joint account)	The actual owner of the account or, if joint funds, either person	10. Corporate account	The corporation
4. Custodian account of a minor (Uniform Gift to Minors Act)	The Minor	11. Religious, charitable, or educational organization account	The organization
5. Adult and minor (joint account)	The adult or, if the minor is the only contributor, the minor	12. Partnership account held in the name of the business	The partnership
6. Account in the name of guardian or committee for a designated ward, minor, or incompetent person	The ward, minor, or incompetent person	13. Association, club, or other tax-exempt organization	The organization
7. a. The usual revocable savings trust account (grantor is also trustee)	The grantor-trustee	14. A broker or registered nominee	The broker or nominee
b. So-called trust account that is not legal or valid trust under State law	The actual owner	15. Account in the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

Important Notice

In some states we are required to advise you of the following: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

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.

District of Columbia – Warning: 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.

Florida – 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.

Louisiana – 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.

Maryland – 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.

Massachusetts – 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 state prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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.

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.

Pennsylvania – 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 subjects such person to criminal and civil penalties.

Puerto Rico – Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Rhode Island – 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.

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

Virginia – Any person who, with the 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 may have violated state law.

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 include imprisonment, fines and denial of insurance benefits.

In All Other States – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application containing a false or deceptive statement may be guilty of insurance fraud.