

Life Insurance Benefit Claim Form

Instructions: Please complete all sections and attach supporting documentation as required. Incomplete forms may delay processing.

1. Beneficiary Information

Full Name of Beneficiary:

Date of Birth:

Relationship to Deceased:

Mailing Address:

Contact Phone:

Email Address:

2. Policy Information

Policy Number:

Name of Insured (Deceased):

Date of Death:

Cause of Death:

3. Supporting Documentation

- Certified Copy of Death Certificate
- Proof of Identity (Beneficiary)
- Completed and Signed Claim Form
- Any Additional Documents as Required by Policy

4. Declaration and Signature

I hereby declare that the information provided is true and complete to the best of my knowledge. I understand that providing false or incomplete information may result in denial of the claim.

Signature of Beneficiary:

Date:
<input type="text"/>
<input type="button" value="Submit Claim"/>