

# 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:**