

# Death Benefit Claim Form Sample

Download our **death benefit claim form sample** to simplify the process of filing a claim for your life insurance policy. This form provides clear instructions and fields to ensure all necessary information is submitted accurately. Streamline your claim and secure the rightful benefits for your beneficiaries efficiently.

## Life Insurance Death Benefit Claim Form

Policyholder Information

Policy Number:

Policyholder Full Name:

Date of Birth:

Date of Death:

Cause of Death:

Beneficiary Information

Beneficiary Full Name:

Relationship to Policyholder:

Contact Number:

Mailing Address:

Supporting Documents

☐ Copy of Death Certificate

☐ Copy of Insurance Policy

☐ Beneficiary ID Proof

Declaration & Signature

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature:

Date:

Submit Claim

*This is a sample form only. Please check with your insurance provider for their official claim form and requirements.*