



SBLI USA Mutual Life Insurance Company, Inc.

460 West 34th Street, Suite 800, New York, NY 10001
1-877-SBLI-USA (1-877-725-4872) • www.sbliusa.com

CLAIMANT'S STATEMENT

INFORMATION NEEDED TO PROCESS YOUR CLAIM:

- A. **THIS DOCUMENT**, to be completed by the person or persons to whom the proceeds are payable. If there is more than one beneficiary, please make copies of this form for all to complete. Where there is an assignment (e.g. funeral home) by the beneficiary, the beneficiary must sign this Claimant's Statement. **NOTE:** If death occurred within 2 years of issue or reinstatement, additional documents may be required.
- B. **CERTIFIED COPY of DEATH CERTIFICATE**
- C. **ORIGINAL POLICY**, if available

INFORMATION ABOUT THE DECEASED

1. Name of Deceased in full:	2. Other Names used by deceased:	3. Date of Birth: / /
4. Please provide the Policy or Certificate Number(s) under which the claim is made: _____		
5. Cause of Death: _____		
6. Was the cause of death due to an accident?* <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes", additional documentation may be required.		

INFORMATION ABOUT THE CLAIMANT

7. You are completing this form as: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Assignee <input type="checkbox"/> Guardian <input type="checkbox"/> Other: (Explain) _____	8. Date of Birth (Month/Day/Year) / /	9. <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Claimant's Social Security Number (SSN) or Tax Identification Number (TIN): _____ Under the penalties of perjury, I certify that: a) The Taxpayer ID Number or Social Security Number above is my correct number (or I am waiting for a number to be issued to me), and b) I have not been notified by the Internal Revenue Service that I am subject to a back-up withholding order on interest and dividends (if you have been so notified, cross out this entire statement) and c) I am a U.S. person (including a U.S. resident alien).		
11. If the actual amount to be paid to you equals or exceeds \$5,000 (after assignment of proceeds, if any) and a settlement option has not been previously elected, we can credit a SBLI USA Easy Option Account with the amount of the proceeds, if you elect. <ul style="list-style-type: none"> • The SBLI USA Easy Option Account is an interest bearing checking account that provides immediate access to the funds in the account. • You may immediately utilize all or a portion of those funds by writing your check(s) against that account. • You will receive a SBLI USA Easy Option Account kit describing the benefits and details. • The SBLI USA Easy Option Account Program may not be available in all states. If an SBLI USA Easy Option Account cannot be established, a single lump sum check will be issued. Please check how you would like to receive payment: <input type="checkbox"/> Place proceeds in a lump sum check <input type="checkbox"/> Place proceeds in an Easy Option account		

Acknowledgment

I hereby certify that the answers I have made to the above questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on the following page of this form.

Claimant's Name (Please print)	Claimant's Signature (Please sign)	Date / /
Claimant's Address (Number and Street)	(City)	(State) (Zip Code)
Home Telephone No.: ()	Business Telephone No.: ()	
Email Address:		