

**PLEASE COMPLETE AND RETURN WITH A CERTIFIED COPY OF THE
DEATH CERTIFICATE**

DEATH CLAIM FORM

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 281709 NASHVILLE, TN 37228

POLICY NUMBER(S)

Please check applicable company:

North Carolina Mutual Life Booker T. Washington

PLEASE PRINT (Failure to complete form will delay claim processing)

A. Name of Insured (Deceased)		Date of Death	
Address	City	State	Zip Code

B. Name of Beneficiary/Claimant	Social Security Number		Age	Phone Number
Address	City	State	Zip Code	Relationship to Insured

C. If you are not the Beneficiary but are claiming the proceeds of the above policy(s) why do you believe you are entitled to the benefits? Please attach copies of any documents that support your claim: _____

D. If Beneficiary is deceased, attach a copy of the death certificate

E. List names of all Hospitals and/or Doctors and give location where any medical treatment or attention was received by Insured during the 3 year period prior to date of death. (If all policies are over 2 years in duration, this section need not be completed)

Hospital/Doctor	Address	City	State	Zip

Acknowledgement:

I/we hereby claim the proceeds of the policy listed above, and certify that the statements given herein are complete and true to the best of my/our knowledge and belief. I/we understand that the furnishing of forms by the company does not constitute an admission that there is any insurance in force. I/we hereby authorize all physicians, hospitals, clinics, or any other persons who have attended or treated the deceased to disclose any knowledge or information relating to the treatment or history of the deceased, and to permit the bearer, representing NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY to obtain or view a copy of all records pertaining to such treatment or history. A photo static copy of this authorization shall be considered as effective and valid as the original. **I acknowledge that I have read the fraud statement on page 2 of this form.**

Signed at _____ This _____ Day of _____ Year _____

Signature of Claimant _____ Social Security # _____

Signature of other Claimant _____ Social Security # _____

Some states require us to provide the following information to you:

ALABAMA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARIZONA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

DISTRICT OF COLUMBIA RESIDENTS: 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.

MARYLAND RESIDENTS: It is a crime to knowingly provide, or to knowingly assist, abet, or conspire with another to provide false, incomplete, or misleading information to an insurance company with intent to injure, defraud, or deceive the company or any other person. Penalties include imprisonment, fines, and denial of insurance benefits.

PENNSYLVANIA RESIDENTS: 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.

ALL OTHER STATE RESIDENTS: 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.