



**GULF GUARANTY LIFE INSURANCE COMPANY
P O BOX 12409
JACKSON, MS 39236-2409**

DEATH CLAIM REPORTING FORM

NAME OF INSURED _____

CERTIFICATE OR REFERENCE NO. _____

ORIGINAL AMOUNT OF INSURANCE _____

DATE OF CERTIFICATE _____ TERM OF CERTIFICATE _____

AMOUNT PAID ON LOAN PRIOR TO DATE OF DEATH _____

MONTHS PAST DUE ON DATE OF DEATH _____ EXTENSIONS _____

NET PAYOFF ON LOAN ON DATE OF DEATH _____

NAME OF SECOND BENEFICIARY _____

NAME OF CREDITOR _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NO. () _____

FOLLOWING DOCUMENTS MUST BE ATTACHED TO PROCESS CLAIM:

1. DEATH CERTIFICATE
2. COPY OF NOTE AND DISCLOSURE STATEMENT
3. COPY OF PAYMENT HISTORY
4. PRINTOUT SHOWING HOW NET PAYOFF WAS CALCUATED
BE SURE PER DIEM IS SHOWN ON PRINTOUT