

**GULF GUARANTY LIFE INSURANCE COMPANY**

**P. O. Box 12409**

**Jackson, MS 39236-2409**

**CLAIM FORM FOR DEATH BENEFITS**

**NOTICE:** 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

**The following documents are required to be sent to the Home Office:**

1. This form completed in full and signed by the Beneficiary(ies) and witnessed by the Funeral Director
2. A Certified Death Certificate or a desk copy of the Death Certificate. If the desk copy of the Death Certificate is submitted, attach a copy of the published obituary.

**Note:** If the claim includes Accidental Death Benefits, then a Certified Death Certificate is required.

3. An Assignment of Proceeds, if policy benefits have been assigned to the funeral home.
4. The original insurance policy. If the original policy is not available, then a separate notarized **Affidavit of Lost Policy** must be submitted.

I (we) hereby submit a claim for proceeds at death under Gulf Guaranty Life Insurance Company policy(ies) listed below, issued on the life of:

_____ NAME OF INSURED	_____ SOCIAL SECURITY NUMBER	_____ DATE OF DEATH
POLICY NUMBERS:		
_____	_____	
_____	_____	_____ CAUSE OF DEATH
_____	_____	

**IN TESTIMONY WHEREOF, witness the signature(s) of the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

_____ Name of Beneficiary			_____ Name of Beneficiary		
_____ Address			_____ Address		
_____ City	_____ State	_____ Zip Code	_____ City	_____ State	_____ Zip Code
_____ Signature of Beneficiary		_____ Date	_____ Signature of Beneficiary		_____ Date

**WITNESS:**

_____ Funeral Director Name	_____ Funeral Home
_____ Signature of Funeral Director/Date	_____ Address
	_____ City/State/Zip Code
	_____ Phone Number