



GULF GUARANTY LIFE INSURANCE COMPANY
7 RIVER BEND PLACE
FLOWOOD, MS 39232
601-981-4920

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 _____ EXTENTIONS _____

NET PAYOFF DUE CREDITOR ON DATE OF DEATH _____

NAME OF SECOND BENEFICIARY _____

NAME OF CREDITOR _____

CONTACT _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NO. () _____

THE 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 CALCULATED –
BE SURE PER DIEM IS SHOWN ON PRINTOUT