



## Life Insurance Beneficiary Death Claim Request

Policy Number: \_\_\_\_\_ Date death certificate received by ASL: \_\_\_\_\_

Policy Owner: \_\_\_\_\_ Owner Social Security #: \_\_\_\_\_

Insured: \_\_\_\_\_ Insured Social Security #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Beneficiary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary Mailing Address: \_\_\_\_\_

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### Beneficiary Option (choose one):

- Lump Sum Payment (Amount computed as of the date that this signed form is received by the company).
- Settlement Option as indicated in the policy: \_\_\_\_\_
- Other: \_\_\_\_\_

I hereby elect the beneficiary option chosen above and request the payment of proceeds as indicated. Such payment is acknowledged as full settlement of any and all claims now pending and that no liens are outstanding against this policy. Such option chosen shall be effective as of the date that the Death Certificate, the original policy contract, and this signed claim form are received and approved by the Company. I further represent that no bankruptcy proceeding is filed, pending, or outstanding against this policy.

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### Method of payment (choose one):

- Check sent by regular mail to the above indicated beneficiary's mailing address.
  - Direct deposit to a pre-authorized bank account by Electronic Fund Transfer (Complete additionally the Direct Deposit Bank Authorization Form).
  - Other: \_\_\_\_\_
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### Life Insurance Policy Status Statement

Unless the surrendering company's policy/contract is attached, I affirm that the policy has been lost or destroyed and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title or interest in the policy/contract nor has it been assigned, pledged or encumbered.

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Neither American Savings Life Insurance Company nor any of its representatives may provide tax or legal advice. Individuals should consult their tax advisor or legal counsel for specific advice and information regarding their individual situation.



**Taxpayer Identification Number, Certification and Acknowledgement:**

**Beneficiary Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Under penalties of perjury, I certify and acknowledge that:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because (a) I am exempt form backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. 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. For your protection, Arizona law requires the following statement; Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Beneficiary Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**A NOTARY SIGNATURE IS REQUIRED FOR ALL PROCEEDS THAT ARE GREATER THAN \$10,000**

STATE OF _____ )	) ss.	This instrument above was acknowledged before me
_____ )		
COUNTY OF _____ )		this _____ day of _____, 20____.
by (Signer): _____		
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.		
My Commission will expire _____	_____	Notary Public