ASLIC-990624DC

AMERICAN SAVINGS LIFE INSURANCE COMPANY

935 E. Main Street, Suite 100, Mesa, AZ 85203-8849
(480) 835-5000 (800) 880-2112

Claimant's Statement

Name of Deceased	List by number deceased's policies with this Company
Date of Birth	Date of Death
From what record was date of birth obtained?	Place of Death
	Cause of Death
If any policy in this Company was assigned, give particulars:	When did health of deceased first become impaired?
	In last illness when did deceased first consult physician?
	On what date did deceased last attend usual work?

List all Physicans who Attended or Prescribed for Deceased within Five Years Preceding Death

Names and Addresses	Dates of Attendance	Disease

List all Other Life or Accident Insurance Covering the Deceased

Companies or Associations	Policies Dated	Amounts of Insurance

The undersigned hereby makes claim to said insurance and understands that the furnishing of forms by the Company does not constitute an admission that there is any insurance in force. I authorize any physician or any other person who attended or examined the Insured or any hospital, including veterans' hospitals or sanitarium in which the Insured was confined, treated or examined, to disclose any information acquired thereby and to furnish all such information to the above-named Insurance Company. A photostatic copy of this authorization shall be considered as effective and valid as the orginal. The statements include herein are true and complete.

The undersigned agrees to indemnify and hold harmless the said Insurance Company from any and all costs, actions, losses or damages which it may suffer by virtue of payment of any proceeds under the above described policies and agrees to join into any litigation concerning the payment of said proceeds and furnish further proofs, if requested.

Claimant's Signature ______________________ Date ________ Age ________ Relationship to Deceased ______________________

Witness to above Signature ______________________ Date ________

Complete address of Claimant ______________________

Street City State Zip Code