

Life Claim Form



INTERNATIONAL

A division of Morgan White Group

75 Valencia Avenue, Suite 801
Coral Gables, FL 33134

Part I Information

Please type or print (forms may be returned for unanswered questions).

Deceased name		Customer number
Deceased date of birth (Day/Month/Year)	Deceased date of death (Day/Month/Year)	Deceased place of birth
Deceased ID number, passport number	Cause of death	
Deceased address	City	Country Zip
Your relationship to deceased	Do you claim this insurance as beneficiary? If "no", in what capacity do you make this claim? Yes No	
Claimant's full name (please print)		Claimant's date of birth (Day/Month/Year)
Claimant's phone number (home)	Claimant's phone number (work)	Claimant's phone number (cell)
Claimant's email address (required)		
Claimant's address	City	Country Zip

Beneficiary(ies)

Name of Beneficiary	Relationship	Date of Birth (Day/Month/Year)	Address	Phone Number

Acknowledgement

I hereby certify that the answers I have made to the forgoing questions are both complete and true to the best of my knowledge and belief.

Signature of beneficiary _____

Name (please print) _____ Email address _____

Relationship to deceased _____ ID#, passport# _____

Part II Proof of Death *To be completed by licensed practicing physician, coroner, or funeral director.*

I certify _____, ID#, passport # _____			
The insured named in the policy _____ died on (Day/Month/Year) _____ / _____ / _____			
Date of birth (Day/Month/Year) _____ / _____ / _____ This person died at _____			
Principle cause of death _____			
Physician/Coroner/Funeral Director name (please print)		Signature	
Witness name (please print)		Signature	
Address	City	State	Zip
Phone number(s)			

Claim Submission instructions

Please submit this form (Part 1 & 2), with the following attachments to the administrator as soon as possible.

- **The insured's death certificate**
- **If beneficiary(ies) are minor children:**
 - a) Their birth certificates
 - b) Letter of Guardianship or conservatorship of the estate of the minor child
- **If beneficiary is the insured's estate:**
 - a) The Letters of Administration or Letters of Testamentary
- **If beneficiary is a trust:**
 - a) Provide copies of trust and letter of acceptance from trustee with Trust ID number
- **If designated beneficiary predeceased the Insured:**
 - a) A copy of the beneficiary's death certificate
 - b) Affidavit of sole survivors form completed by a family representative
- **If death by accident is being claimed, submit policy/accident, autopsy and toxicology reports with any available newspaper articles concerning the accident, if the reports are available**

Complete all pages of the Life Claim form and send via mail, fax or email to the administrator.

The information should be supplied by the beneficiary or the beneficiary's representative.

Mail, fax or email completed, signed form to:

MWG International • 75 Valencia Avenue, Suite 801, Coral Gables, FL 33134
Tel: 800-995-5335 • Fax: (305) 442-0961 • Email: customerservice@morganwhiteintl.com