

Death Claim Form



INTERNATIONAL

A Division of Morgan White Group



NEW PROVIDENCE
LIFE INSURANCE COMPANY LIMITED

RoyalStar House
John F. Kennedy Drive
P. O. Box EE-15606
Nassau, Bahamas

Part I Information

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

		Deceased NIB Number	
Deceased Name		Policy 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

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 _____ / _____ / _____ <div style="text-align: center; font-size: small;">Day Month Year</div>	
Date of Birth _____ / _____ / _____ <div style="text-align: center; font-size: small;">Day Month Year</div>		This person died at _____	
Principle cause of death _____			
Physician/Coroner/Funeral Director Name (<i>please print</i>) _____		Signature _____	
Witness Name (<i>please print</i>) _____		Signature _____	
Address _____		City _____	State _____ Zip Code _____
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 Death 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:

New Providence Life
RoyalStar House, John F. Kennedy Drive • P.O. Box EE-15606 • Nassau, Bahamas
Tel: (242) 326-6779 • Fax: (242) 325-8291 • Email: claims@newprovidencelife.com