

LIBERTY BANKERS LIFE INSURANCE COMPANY

Administrative Office
PO Box 224
BROWNWOOD, TX 76804
(800) 972-6615
(866) 505-9377

CLAIMANT'S STATEMENT

A separate copy of this form must be filled out and sent in for each claimant. Return one certified copy of the deceased's death certificate with this form.

See the applicable State Fraud Warnings on the following page of this form.

POLICY NUMBER(S):		Do you have your original policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send your original policy(ies) in with your claim form(s) and a certified copy of the insured's death certificate.	
FULL NAME OF DECEASED INSURED		OTHER NAMES DECEASED MAY HAVE BEEN KNOWN BY	
PRINTED NAME OF BENEFICIARY/CLAIMANT*	RELATIONSHIP TO DECEASED	CLAIMANT DATE OF BIRTH	CLAIMANT SOCIAL SECURITY or TAX ID NUMBER
CLAIMANT'S TELEPHONE NUMBER(S)		CLAIMANT'S EMAIL ADDRESS	
CLAIMANT'S MAILING ADDRESS			ZIP CODE
<p>CLAIMANT CERTIFICATIONS: I understand that the Company is relying on the information above to properly process and pay a claim on the death of the Deceased Insured listed above, and such information is true and correct to the best of my knowledge. I acknowledge that the Company has the right to request additional information in order to process and pay this claim, and that the acceptance of this form by the company is not an admission of liability under the policy.</p> <p>U.S. TAXPAYER CERTIFICATIONS: Under penalties of perjury, I certify that (1) Social Security Number or Tax ID number provided on this form is correct, that (2) I am not subject to backup withholding due to the failure to report interest and dividend income, or I am subject to withholding and the required amount of that withholding is ___%, and that (3) I am a U.S. person.</p> <p>NON-RESIDENT ALIEN STATUS: If you are a Non-Resident Alien, check below: <input type="checkbox"/> Under penalties of perjury, I certify that I am a Non-Resident Alien (The amount paid to you will be subject to 30% withholding, unless you submit an IRS Form W-8, and are entitled to claim a reduced rate of withholding under the applicable US tax treaty.)</p>			
CLAIMANT AUTHORIZED SIGNATURE			DATE OF SIGNATURE

*If there is no living beneficiary, did the deceased have a Last Will and Testament? Yes No
If yes, please send a copy of the will along with a copy of the Letters Testamentary.