

Beneficiary Claimant Statement

Please check the box next to your insurance company's name.

- ManhattanLife Insurance and Annuity Company The Manhattan Life Insurance Company American General Life Insurance
(Administered by ManhattanLife)
- Family Life Insurance Company Western United Life Assurance Company

IMPORTANT: READ THE INSTRUCTIONS ON THE NEXT PAGE BEFORE COMPLETING THIS STATEMENT.

Beneficiary Information	
Beneficiary Name	Beneficiary Date of Birth
Beneficiary Address	
Beneficiary SSN or TIN	Beneficiary Daytime Telephone Number

Insured Information	
Full Name of Insured	Date of Death (Month, Day, Year)
Last Address of the Insured (Street, City, State, ZIP)	
Place of Death (Residence or Hospital, City, ST, ZIP)	

1. What relationship do you claim to the insured? _____
2. The EXACT birth date of insured was _____
3. The DIRECT CAUSE of death was _____
4. Was death due to suicide? _____
5. Was any inquest or investigation held? _____
If so, attach a certified copy of all evidence and the verdict as part of these proofs.

I, the claimant, being duly sworn, state that the deceased was the holder of, and I have read, Policy Number(s) _____ in the Life Insurance Company indicated above, and this claim is made under all the provisions thereof; that the answers to the questions and the statements hereinafter set out are full, true, and complete in every particular.

A Certified Copy of the standard certificate of death and the Policy are hereto attached.

In presenting these Proofs of Death I affirm that the insurance is legally due to me; that I have answered all the questions personally, without evasion or reservations, withholding nothing that would affect the status of any claim made for insurance hereunder. I agree that the written statements and affidavits of all Physicians or others who attended, treated, or had knowledge of deceased and all other papers called for by the Company, including records of Hospitals or Sanitariums shall constitute and they are hereby made part of these Proofs of Death. I further agree that the furnishing of these forms, or of any other matter supplemental thereto, by said Company shall not constitute, nor a waiver of any of its rights or defenses. I hereby authorize any Physician, Hospital or other persons to give the Company any information concerning the health or insurability of the deceased, and hereby specifically waive all grounds of defense or objection based on rights of confidential relationship or privileged communication between Physician or Hospital and Patient.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Signature of Beneficiary/Guardian/Trustee/Executor)

State of _____ County of _____

Before me, _____ (notary public's name) a notary public, on this day personally appeared _____, known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.
(day) (month) (year)

Signature My Commission Expires

(Personalized Seal)

Submit Completed Form to:

Claims Department
P.O. Box 925309, Houston, TX 77292-5309

LIFE-CLM-1010

Customer Service Department 1-800-669-9030
Customer Service Department for Family Life 1-800-877-7705



INSTRUCTIONS FOR PREPARING PROOFS OF DEATH

CLAIMANT'S STATEMENT

This must be made by the beneficiary named in the policy, if living and of legal age. If there is more than one beneficiary, each beneficiary must make a separate statement. When a policy is payable to a minor, the claimant's statement must be made by the guardian, with certified copies furnished disclosing proper appointment and authority.

When a Policy is payable to an estate or legal representative of the insured, the claimant's statement must be made by the executor or administrator, with certified copies furnished disclosing proper appointment and authority.

If any named beneficiary predeceases the insured, unless the policy specifically provides otherwise, the claimant's statement must be made by the duly appointed executor or administrator of insured's estate, with certified copies furnished disclosing proper appointment and authority. Also a certified copy of the standard death certificate of the deceased beneficiary must be furnished.

When the policy has been assigned an assignees statement and the original assignment of the policy must be furnished.

All statements must be sworn to before an officer authorized by law to administer oaths. If sworn to before an officer not using an official seal, his authority and the genuineness of his signature must be attested by the proper clerk under the seal of his office.

Every question must be distinctly and fully answered. The company reserves the right to require or to obtain further information should it be deemed necessary.

CERTIFIED COPY OF DEATH CERTIFICATE

A properly certified copy of the standard certificate of death of the insured must be furnished.

ORIGINAL POLICY

The original policy under which the claim is being made must be furnished. If the policy has been lost or destroyed, you must complete an Affidavit of Lost Policy Form verifying that you do not have the original policy. The fee for the affidavit is waived when filing the Beneficiary Claimant Statement and no replacement copy of the policy is issued.

WHEN CIRCUMSTANCES ARISE WHICH ARE NOT COVERED BY THE ABOVE INSTRUCTIONS, SPECIAL INSTRUCTIONS WILL BE FURNISHED UPON APPLICATION TO THE HOME OFFICE.

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