Beneficiary Claimant Statement – Under $5,000

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: You must include a copy of the insured's Death Certificate which indicates the cause of death. We are unable to process your claim with out this document.

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

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

I, the claimant, avow that the proceeds of the above-referenced insurance policy are legally due to me and I am making claim on the death benefits payable from the policy issued on the life of the above-referenced insured.

The original policy is:

❑ Enclosed

❑ Lost/Destroyed

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 Claimant Date

Submit Completed Form to:
Claims Department
P.O. Box 925309
Houston, TX 77292-5309

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

ManhattanLife™