

INVESTORS HERITAGE *Life Insurance Company*

200 Capital Avenue • P O Box 717 • Frankfort, Kentucky 40602-0717
Toll Free (800) 422-2011 • Fax: (502) 223-6575

FUNERAL DIRECTOR'S STATEMENT

(Use ONLY for Non-Contestable Preneed Claims in all states except Kentucky)

INSTRUCTIONS: Mail completed form with the Policy and Obituary (Newspaper Clipping).

| | | | | | |
|---|---|--|--|--|-----------------|
| Name of Deceased | | Social Security Number | | Deceased was <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address (P.O. Box - No. - Street) | | City | | State | Zip Code |
| Policy Number(s) | | Issue Date of Policy(ies) | | Type of Policy(ies) | |
| | | | | <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity | |
| | | | | <input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity | |
| Date of Birth: ____/____/____ <small>(Month / Day / Year)</small> | Place of Birth: _____ <small>(City and State)</small> | Date of Death: ____/____/____ <small>(Month / Day / Year)</small> | Place of Death: _____ <small>(City and State)</small> | | |
| PRIMARY CAUSE OF DEATH as listed on the death certificate filed with the Bureau of Vital Statistics | | | | | |
| Where did death occur? <small>(Please check one)</small> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other: _____ | | | | | |
| Name of Person Arranging Funeral | | Relationship to Deceased | | Social Security Number | |
| Address (P.O. Box - No. Street) | | City | | State | Zip Code |
| Telephone Number () | Were the Policy Proceeds Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the Newspaper Obituary Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <p>I hereby certify that I am an authorized, licensed Funeral Director; that the above named Insured is deceased as set forth above; that I will/have prepare(d) for final disposition the body of the above named person; and that I will/have fully perform(ed) the funeral services for the above named person. I hereby certify that all information above is true and correct to the best of my knowledge and belief. I understand that the life insurance policy is not contestable because it was guaranteed issue or because it has been in effect for two (2) years from the date of issue. The Obituary (newspaper clipping), the Certificate of Performance, if required by state law, and the policy should accompany this form. Investors Heritage reserves the right to request additional information which it, in its sole discretion, deems necessary to adjudicate a claim.</p> <p>ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.</p> | | | | | |
| Name and Address | | Signature of Funeral Director | | Funeral Director License No. | |
| | | Telephone Number () | | Email Address | |
| | | Tax I.D. Number | | Date | |