

INVESTORS HERITAGE *Life Insurance Company*

200 Capital Avenue • P O Box 717 • Frankfort, Kentucky 40602-0717
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TENNESSEE

FUNERAL DIRECTOR'S STATEMENT

(Use ONLY for Non-Contestable Preneed Claims)

INSTRUCTIONS: Send completed Funeral Director's Statement, policy, proof of death and statement of merchandise and services to IHLIC. All documents, excluding the policy, may be faxed.

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 have prepared for final disposition of the body of the above named person; and that I have fully performed the funeral services for the above named person in accordance with the attached statement of funeral merchandise and services. 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. A certified copy of the death certificate or the obituary (newspaper clipping) and the policy should also 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	
Signature of Preneed Contract Beneficiary Representative				Date	