

INSTRUCTIONS

1. Have Beneficiary complete Claimant's Statement and sign it. List SS# or Tax I.D. #.
2. Obtain copy of Death Certificate or Proof of Death.
3. Complete Assignment to Funeral Home when applicable.
4. Have claimant complete Affidavit if applicable.
5. Send all to our Claims Department, P.O. Box 1756, Des Moines, IA 50306.

By furnishing forms and investigating the claim, the Company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

CLAIMANT'S STATEMENT

Policy/ies/Certificate(s) of this Company under which claim is being made:

Policy/Certificate Number _____ Policy/Certificate Number _____

Policy/Certificate Number _____ Policy/Certificate Number _____

1. (a) Deceased's Name in full _____

(b) Residence Address _____

2. Date of BIRTH of deceased _____ Obtained From: _____

3. Date of DEATH _____ Place of Death _____

The undersigned agrees that these proofs of death shall include all medical information and papers supplied by any physician, medical practitioner, hospital, or medical facility, who treated the deceased.

RELEASE OF INFORMATION

The undersigned authorizes any physician, medical practitioner, hospital, or medical facility to release to Homesteaders Life Company, if requested, all medical information and papers concerning the deceased.

The release shall be valid for one year from this date. A copy of this release is as valid as the original. Under penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Check here if you are subject to backup withholding (Section 3406(a)(1)(C))

Dated this _____ day of _____

X _____ Signature of Beneficiary/Claimant
 X _____ Social Security # or Tax I.D. # _____ Telephone # _____

Relationship _____ Age _____ Address _____ City _____ State _____ Zip _____

X _____ Signature of Beneficiary/Claimant
 X _____ Social Security # or Tax I.D. # _____ Telephone # _____

Relationship _____ Age _____ Address _____ City _____ State _____ Zip _____

This Claimant's Statement must be signed by the person legally entitled to the proceeds of the Policy/Certificate. Failure to provide SS# or Tax I.D. # could result in withholding of 28% on interest earned.

AFFIDAVIT

Policy # _____

1. Has or will an Estate be probated in a court of law?

- Yes No

Note: If an Estate is probated, the Executor or Administrator of the Estate must submit the legal letters of administration.

2. If NO ESTATE is probated:

I agree that if I receive the proceeds of the policy/certificate, I will apply the proceeds to final expenses incurred by the deceased. Final expenses may include the funeral bill, hospital, or doctor bills. I further agree that I will divide equally with the deceased's heirs at law, any amount in excess of the amount used for final expenses.

X _____ Signature of Claimant

Relationship to Deceased _____

Date _____

ASSIGNMENT TO FUNERAL HOME

SUBJECT TO PROVISIONS OF POLICY(IES)/CERTIFICATE(S) NO(S) _____

(Only the proceeds of those policy(ies)/certificate(s) listed will be authorized for payment to a funeral home.)

I HEREBY AUTHORIZE AND DIRECT YOU TO PAY TO:

Entire Proceeds OR \$ _____

Name and Address of Funeral Home

IF MORE THAN ONE BENEFICIARY, PLEASE HAVE ALL SIGN.

Signature of Beneficiary/Claimant

DATE _____

Signature of Beneficiary/Claimant

PROOF OF DEATH

Your state requires the following to be submitted to the Home Office prior to the payment of claims proceeds:

1. Death Certificate.

Proof of death may be submitted with this claim form, faxed to 515-440-7695, or emailed to customerservice@homesteaderslife.com.



**FILING
A CLAIM**

Louisiana

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement.