

Gerber Life Insurance Company
 LIFE CLAIMS DEPARTMENT
 445 State St, Fremont, MI 49412
 (800) 628-0560

PROOF OF DEATH

Life Insurance Claim

Please see attached for state fraud warnings

Please type or print in blue/black ink

CLAIMANT'S STATEMENT

Full Name of Deceased (Include Maiden Name; Hyphenated Name, Nickname, or Alias)				
Residence Address of Deceased			Deceased's Social Security Number	
Policy Number	Date of Death		Date of Birth	
Cause of Death			Place of Death	
Name and Address of Spouse				
Date of Marriage	Place of Marriage		Date of Divorce	Place of Divorce
List all of Deceased's surviving children. (Attach additional sheet if necessary.)				
NAME	AGE	BIRTHDATE	ADDRESS	TELEPHONE

The statements above are true and complete. I/We agree that the Company may rely upon them as part of the proofs of death under the policies numbered above. The Company reserves the right to request any additional proof deemed necessary for consideration of the claim.

Date Signed	Signature of Beneficiary	Relationship	Date of Birth
Beneficiary's Mailing Address		Social Security No.	Telephone Number
Date Signed	Signature of Beneficiary	Relationship	Date of Birth
Beneficiary's Mailing Address		Social Security No.	Telephone Number
Date Signed	Signature of Beneficiary	Relationship	Date of Birth
Beneficiary's Mailing Address		Social Security No.	Telephone Number
Date Signed	Signature of Beneficiary	Relationship	Date of Birth
Beneficiary's Mailing Address		Social Security No.	Telephone Number
The furnishing of forms does not constitute an admission of liability on the part of the Company.			