



ASSURANT®

American Memorial Life Insurance Company  
P.O. Box 2730  
Rapid City, SD 57709-2730

# Claim Form

Please scan and return your completed, signed form to us by  
Email: documents@assurant.com or Fax: 1-605-719-0601

**Insured Information**

Please complete all fields in this section and provide a death certificate

Name of Insured/Deceased	Social Security Number
Policy Number(s)	State of Last Residence
Date of Birth	Date of Death

**Federal Tax Withholding**

Annuity Products Only

Internal Revenue Service Regulations require us to withhold 10% from taxable withdrawals unless instructed otherwise. Please check if you DO NOT wish taxes withheld. If **not marked**, taxes will be withheld.  Do not withhold taxes

**Beneficiary Information**

If Primary Beneficiary is deceased, provide a death certificate

*If the beneficiary is the estate and there is no estate, complete the Affidavit for Collection of Property below.*

Name	Tax ID Number
Address City State Zip	Phone Number
Signature	Date

**Surviving Children Statement**

Complete only if multiple children are designated as beneficiaries (attach an additional document if more than 4 children)

I, \_\_\_\_\_, hereby state the following is correct to the best of my knowledge:  
 I am a child of the deceased and the deceased left no surviving children other than those listed below.  
 I hereby declare the list is complete listing of a surviving children of the insured.

Name	Social Security Number	Address	City	State	Zip
Name	Social Security Number	Address	City	State	Zip
Name	Social Security Number	Address	City	State	Zip
Name	Social Security Number	Address	City	State	Zip

**Affidavit for Collection of Property**

Complete only if beneficiary is "estate of insured" and no estate has been established

I, \_\_\_\_\_, as Affiant, hereby attest, to the best of my knowledge:

I am entitled to the decedent's remaining personal property.

The value of the entire estate, wherever located, less liens and encumbrances does not exceed the maximum statutory amount for the use of an affidavit to transfer property.

No application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.

I further agree to indemnify and hold harmless said insurance company from any and all cost, actions, losses or damages which it may suffer by virtue of payment of any proceeds under the above described policies and agree to join into any litigation concerning the payment of said proceeds and furnish proofs, if requested.

Signature	Social Security Number	Date
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**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a crime.

This form may be used for business underwritten or administered by American Memorial Life Insurance Company, Union Security Insurance Company, Liberty Life Insurance Company or IA American Life Insurance Company.

**Alaska residents:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona residents:** For your protection, Arizona Law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana & Rhode Island residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California residents:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado residents:** 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. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of Regulatory Agencies.

**Delaware residents:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia residents:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana residents:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**Maryland residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee & Virginia residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota residents:** Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire residents:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon residents:** Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

**Pennsylvania 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 subjects such person to criminal and civil penalties.

**Texas residents:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Washington residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.