

Youth Term Life Insurance Group Claim Form**PLEASE ATTACH THE FOLLOWING:**

1. A certified copy of the Death Certificate
2. Letters of Administration or Letters Testamentary (if an executor or administrator has been appointed)

I. INFORMATION ABOUT THE DECEASED

| | | | |
|------------------------------|------------------------|---------------|-----|
| Covered Person/Deceased Name | Social Security Number | Date of Birth | |
| Address | City | State | Zip |
| Youth Account Number | Date of Death | | |

II. CLAIMANT INFORMATION

| | | | |
|--|---------------------------------|---------------|-----|
| Claimant Name | Claimant Social Security Number | Date of Birth | |
| Address | City | State | Zip |
| Estate Identification Number (if applicable) | Relationship to Insured | Phone | |

III. SIGNATURES

FRAUD WARNING: 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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

All my statements and answers are true and complete to the best of my knowledge and belief. In providing this form, SECU Life does not waive any right nor admit liability. Any and all coverage will be governed by the terms of the policy.

Claimant Signature (Executor or Administrator – if applicable)

Date**Important**

All claim benefits will be payable to the estate of covered person. If payable under the terms of the policy, a check will be issued to the address listed on the death certificate.