



USFL
PO Box 3016
Monroe, WI 53566-3016
Phone: 800-959-3894
Fax: (803)-233-3725

FIRST NOTICE OF DEATH

Name of Deceased Insured _____

Date of Birth _____ SSN # _____

Date of Death _____ Cause of Death _____

Place of Death/City & State _____

Policy Number(s) _____

Policy Face Amount(s) _____

Effective Date(s) _____

Who has policies? _____

Name of caller and relationship to deceased _____
First Middle Last

Daytime Phone Number _____

If not relative, next of Kin information:

Name _____

Address _____
Street City State Zip Code

Phone Number _____

Address to mail claim package _____
Street City State Zip Code



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Additional Information _____

If married, please provide Spouse's name. If Spouse is deceased, please provide date of death:

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, trust or estate) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with USFL we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.

RETURN FORM TO:

U.S. Financial Life Insurance Company, PO Box 3016, Monroe WI 53566-3016,

Phone: 800-959-3894, Fax: 803-233-3725