



**First Notice of Death Claim**  
Form CL 01 (07/21)

**PLEASE PRINT**

<b>Name of Deceased Insured</b>		<b>Date of Birth and Social Security Number</b>
<b>Date of Death</b>	<b>Place of Death/City &amp; State</b>	<b>Cause of Death</b>
<b>Policy Number(s)</b>	<b>Policy Face Amount(s) and Effective Date(s)</b>	<b>Who has policies?</b>
<b>Name of Caller and Relationship to Deceased</b> <b>Daytime Phone No.</b>		<b>If not relative, next of Kin information</b> Name: _____ Address: _____ _____ Telephone: _____
<b>Address to mail claim package:</b>		
<b>Additional Information:</b>		
<b>If married, please provide Spouse's name. If spouse is deceased, please provide date of death.</b>		
<b>Please be advised:</b> 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: 855-784-1586**