



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(800) 869-0355, Ext. 4484 • Fax (800) 869-0368

NOTIFICATION OF DEATH

Policyowner's Name _____ Social Security No. _____
First Middle Last

Deceased's Name _____
First Middle Last

Date of birth / / Date of death / /
(MM/DD/YYYY) (MM/DD/YYYY)

POLICY NUMBER(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have all of the original policies listed above? Yes No

CONTACT PERSON

Name _____ Telephone No. () _____
First Middle Last

Address _____
Street address City State ZIP+4

Relationship to the Insured _____

Signature of Contact Person / /
Date (MM/DD/YYYY)

Direct any questions to our claims department at the phone numbers and address shown above.

