



SURVIVOR'S STATEMENT

Insured's Name: _____ SS# _____

Insured's Date of Death _____ Date of Birth _____

Policy Number(s): _____

Your answers to the questions below will direct payment of the claim proceeds in succession as follows: We will pay the Estate of the Insured unless no Estate is established; then, we will pay the Funeral Home to satisfy the Insured's final expense unless paid; and then, we will reimburse the person who paid the Insured's funeral expenses.

1. Has an estate been opened for the above Insured? Yes No
If yes, provide the Executor's Information below and attach a copy of Letters of Administration.

Executor's Name: _____ Telephone #: _____

Executor's Address: _____

2. Are there outstanding funeral expenses related to the Insured? Yes No

If yes, any outstanding funeral expenses will be confirmed and paid to the Funeral Home below;
LA Residents - Will the policy proceeds be used to fund a preneed funeral contract? _____ Yes.
If yes, a certified death certificate is required.

Funeral Home: _____ Tax ID#: _____

Address: _____

Telephone: _____

3. If you have answered 'no' to Questions 1 and 2 above, benefits will be paid to the person who paid for the Insured's funeral expenses. ATTACH A RECEIPT SHOWING PROOF OF PAYMENT IN FULL OF THE INSURED'S FUNERAL EXPENSE BY THE PERSON PROVIDED BELOW. Any benefits exceeding reimbursement of the funeral expenses will be divided among the heirs in order of intestate succession.

Name _____ Social Security # _____

Address _____

Telephone _____

I swear the following information is true and correct. I certify that all living relatives or persons entitled to inherit under the Estate of the above Insured are listed below and that if the policy contract was not submitted with this Form or the Claim Form the policy contract was lost or destroyed. Furthermore, I release Transamerica Premier Life Insurance Company from any cost, liability or harm relating to payment of any claim made pursuant to this Survivor's Statement. Also, each person who signs this Form is jointly and severally liable and agrees to indemnify and hold harmless Transamerica Premier Life Insurance Company from any damage, cost or liability that results from payment of a claim pursuant to this Survivor's Statement. I have read the applicable fraud warning statement which accompanied this form.

I certify under penalty of perjury that I am a US Citizen or resident alien, that the number shown on this form is my correct taxpayer ID, and that I am not subject to back-up withholding.

Name: _____
SSN: _____ Age _____
Relationship: _____
Address: _____

Phone: _____
Email Address _____
Of what Country are you a citizen? _____

Signature: _____ Date: _____

Name: _____
SSN: _____ Age _____
Relationship: _____
Address: _____

Phone: _____
Email Address _____
Of what Country are you a citizen? _____

Signature: _____ Date: _____

Name: _____
SSN: _____ Age _____
Relationship: _____
Address: _____

Phone: _____
Email Address _____
Of what Country are you a citizen? _____

Signature: _____ Date: _____

Name: _____
SSN: _____ Age _____
Relationship: _____
Address: _____

Phone: _____
Email Address _____
Of what Country are you a citizen? _____

Signature: _____ Date: _____

Mail or Fax all claim documents to the address or fax number above