



2050 Finley Rd Suite 70 Lombard IL 60148
1-800-543-3272 * www.csalife.com

Life Death Benefit Form

Certificate # _____

Decedent Name

Date of Death

Social Security #

1. BENEFICIARY INFORMATION

First Name	M.I.	Last Name	____-____-____	OR	____-____
			Social Security Number	Estate/Trust/Tax ID Number	
Address			Date of Birth	Gender	Phone Number
Address			Relationship to Deceased		
City	State	Zip	Email address		

I am claiming as : An Individual As a Trustee Other Entity
 On behalf of an Estate On behalf of a Minor On behalf of a Corporation

2. SOCIAL SECURITY NUMBER CERTIFICATION

I certify that: 1. The social security number shown above is my correct taxpayer identification number and,
2. I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by the IRS that you are subject to backup withholding, cross out item #2 and check here

3. LOST CERTIFICATE CERTIFICATION

Attach original policy or initial here: _____ I (we) certify that the original policy is lost.

4. SIGNATURE REQUIRED

Beneficiary Signature: _____ Date _____