

D INSURANCE POLICY(S) NO. _____ **IS LOST**—I (we) hereby certify that the insurance policy issued by KSKJ Life - American Slovenian Catholic Union has been lost and that no persons or other entity has any claim or interest in said policy or its benefits by virtue of any gift, sale, assignment, pledge, property settlement, divorce or other action, unless noted herewith. Based on the foregoing statement, I (we) hereby surrender the policy(s) and agree to indemnify and hold harmless KSKJ Life from any and all losses which it may incur as a result of granting this request. **It is further agreed that if the original policy is found, it will be returned to the Home Office.** This indemnification will be binding on my heirs, executors, administrators, successors and assignees.

INSTRUCTIONS FOR COMPLETION OF DEATH CLAIM INFORMATION

ESTATE PAYMENTS—If the policy proceeds are payable to the Estate of the Insured, and if an Administrator or Executor has been or will be appointed, **this Death Claim Information statement must be completed and signed by the Administrator or Executor, who must furnish an official certificate or appointment.**

MINOR BENEFICIARY—If the beneficiary is not of legal age, and Guardian has been or will be appointed for the Minor’s Estate, this Death Claim statement must be completed and signed by the Guardian, who must **furnish an official certificate of appointment.**

PRIMARY BENEFICIARY DECEASED—If one of the primary beneficiaries is deceased; evidence of death must be submitted in the form of a **certified copy of a certificate of death.** Unless otherwise specified in approved format by the insured/owner, insurance proceeds will vest equally in the remaining primary beneficiaries. If all primary beneficiaries predecease the insured, the proceeds would be payable to the contingent beneficiaries, if any. Otherwise, proceeds will go first to widow/widower, second to surviving children of the insured, third to parents of the insured, or to the Estate.

If designated beneficiaries are deceased, KSKJ Life shall have the authority and the option to make payment of funeral benefits to the extent of such portion of any payment under the certificate as may reasonably appear to the Society to be due to any person equitably entitled thereto by reason of having incurred expense occasioned by the burial of the member as permitted by the laws of the state in which the member resides.

CONTESTABLE CLAIM will require additional information. In event of conflicting beneficiaries, KSKJ Life may file a Bill of Interpleader in a proper court, in which case any reasonable court and attorney fees shall be deducted from the death benefit proceeds.

ACCIDENTAL DEATH—If the insured died as a result of accidental means, newspaper clippings, accident reports and other documents, if available, must accompany this statement. Describe the cause and circumstances of the accidental death:

ASSIGNMENT—IF PROCEEDS OF A POLICY HAVE BEEN ASSIGNED BY THE BENEFICIARY, THE FOLLOWING MUST BE COMPLETED.*

***Please send copy of bill along with this form**

This Assignment will not be recognized as binding on the KSKJ unless and until a duplicate is filed with KSKJ Life. FOR ONE DOLLAR in hand paid, and for other valuable considerations (the receipt of which is hereby acknowledged), I hereby assign, transfer, and set over to

_____ of _____
(Name of Assignee) (Street)

_____ whose Tax ID is _____
(City) (State) (Zip)

the amount of \$ _____ from the proceeds of policy(s) _____

issued by KSKJ on the life of _____ and for the consideration above expressed, I do also
(Name of Insured)

for myself, my executors and administrators, guarantee the validity and sufficiency of the foregoing assignment to the above named assignee, whose title to the said policy will forever warrant and defend.

Dated at _____ this _____ day of _____ 20 _____

In presence of: _____
Witness Beneficiary Signature

_____ Witness Beneficiary Signature

Receipt of the above assignment is hereby acknowledged. KSKJ LIFE will not assume responsibility for the validity of any assignment. Satisfactory proof of the Assignee’s interest must be produced on making the claim.

Dated at Joliet, Illinois KSKJ LIFE- AMERICAN SLOVENIAN CATHOLIC UNION
this _____ day of _____ 20 _____ By: _____