

Foreign Death Questionnaire -Annuity Death Claim



4350 Westown Parkway
West Des Moines, IA 50266

To be completed when death occurs outside of the United States.

Name of Deceased _____

Contract Number(s) _____

Address in the U.S. (if applicable) _____

Date of Birth _____ Place of Birth _____

U.S. Citizen Yes No If no, provide citizenship _____

Social Security Number _____

Travel Information

Date deceased left USA _____

Intended duration of trip _____

Details of Death

Foreign address at time of death _____

Place of death _____

Date and time of death _____

Manner of death: Natural Accident Suicide
 Homicide Undetermined Pending

Name, address, phone number of physician certifying death: _____

Autopsy performed? Yes No Post mortem or inquest performed? Yes No

U.S. Embassy or Consulate contacted? _____

If yes, give details _____

Please send any of the documents available:

- Visa
- Airline Tickets (To/From U.S.)
- Passport
- Original Death Certificate
- Obituary
- Birth Certificate
- Burial Permit
- Police Report
- Report of Death of American Citizen from U.S. Embassy (required if U.S. Citizen)

Personal Information of Claimant/Beneficiary

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Place of Birth _____

U.S. Citizen Yes No If no, provide citizenship _____

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime.

I hereby certify that the above information is correct and declare that all answers as above recorded are complete and true and agree that the furnishing of this additional, supplemental information shall not constitute an admission of liability nor a waiver of any of the company's rights and defenses.

I certify, under penalty of perjury, the following is my correct:

Social Security Number _____, or

Taxpayer Identification Number _____

Printed Name of Claimant

Signature of Claimant

Witness

Date

