

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street - Mount Prospect, IL 60056-3334 - 1.800.344.6273

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

APPLICATION FOR PAYMENT OF DEATH CLAIM

Full Name: _____ Maiden Name: _____

Please list any hyphenated name, nickname, derivative form of first name and/or middle name or alias:

The undersigned, designated beneficiary(ies) of Certificate Number _____ in the amount of \$ _____ hereby request payment of proceeds due upon the death of (NAME OF DECEASED) _____.

This section must be completed in full

Name (please print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date of Birth: ____/____/____ SS#: _____

Signature: _____

Name (please print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date of Birth: ____/____/____ SS#: _____

Signature: _____

Name (please print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date of Birth: ____/____/____ SS#: _____

Signature: _____

Name (please print): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Date of Birth: ____/____/____ SS#: _____

Signature: _____

(If additional space is required, please enter on back of this page)

To be signed in the presence of a court officer or field representative. If none available, to be signed in the presence of a notary public.

Court Officer or Field Representative

Subscribed and sworn before me
or This _____ day of _____, _____
