

PLEASE PRINT

Name of Deceased Insured		Date of Birth and Social Security Number	
Date of Death	Place of Death/City & State		Cause of Death
Policy Number(s)	Policy Face Amount(s) and Effective Date(s)		Who has policies?
Name of Caller and Relationship to Deceased Daytime Phone No.		If not relative, next of Kin information	
		Name: _____	
		Address: _____	
		Telephone: _____	
Address to mail claim package:			
Additional Information:			
If married, please provide Spouse's name. If spouse is deceased, please provide date of death.			
<p>Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, trust or estate) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with AXA US (AXA Equitable, MLOA & USFL), we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.</p>			

RETURN FORM TO: Claims Department, U.S. Financial Life Insurance Company, PO Box 1419, Charlotte, NC 28201-1419, Phone: 800-959-3894, Fax: 855-784-1586