

NATIONAL STATES INSURANCE COMPANY in LIQUIDATION

1830 Craig Park Court
St. Louis, Missouri 63146
Telephone: (314) 878-0101

Proof of Death

Statement of Claimant

(Before completing this statement, please read carefully the special instructions on reverse side of this form.)

1. Deceased's Full Name:		2. Policy Number:		3. Date of Issue:	
4. Amount of Insurance:		5. Date of Deceased's Birth:		6. Date of Death:	
7. Deceased's Address at Death:					
City		State		Zip	
8. Place of Death:					
City		State		Zip	
9. Cause of Death:					
10. When did deceased's health first become impaired?		11. On what date did deceased last attend usual work?		12. When did deceased first consult a physician for his/her illness?	
13. Lists the names and addresses of all physicians or practitioners who attended or prescribed for deceased within the last 5 years preceding death:					
Names		Addresses		Dates of Attendance	Disease or Condition
<hr/> <hr/>					
14. Was an inquest or investigation held, or an autopsy performed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
15. Do you wish to elect one of the optional modes of settlement? Yes <input type="checkbox"/> No <input type="checkbox"/>				16. If so, which mode?	
17. Has policy been assigned or has any other person any interest or right in this insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:					
18. In what capacity, or by what title do you claim this insurance? (Beneficiary, Assignee, etc.)					

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.*

***Arizona Notice:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

***Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

***Florida Residents Notice:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

***Idaho Residents Notice:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

***Kentucky Residents Notice:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

***Louisiana and West Virginia Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and criminal penalties.

A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS FORM.

***Maryland Notice:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

***Minnesota Notice:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

***New Mexico Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

***North Carolina Notice:** Any person, who with intent to defraud or deceive an insurer or insurance claimant, submits false or misleading information concerning a fact or matter material to a claim, is guilty of a Class H felony.

***Ohio Residents Notice:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

***Oklahoma Residents Notice:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

***Pennsylvania Residents Notice:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

***Tennessee Residents Notice:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

***Texas Residents Notice:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned hereby makes claim to said insurance and agrees that the written statements and affidavits of all the physicians who attended or treated the insured and all other papers called for by the instructions hereon shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form or any of the forms supplemental thereto by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question nor a waiver of any of its rights or defenses. The undersigned further agrees that all provisions of law forbidding any physician or other person who attended deceased from disclosing any knowledge or information acquired by him are hereby waived and such physician is hereby authorized to make such disclosures.

National States Insurance Company (referred to as National States), its reinsurers, insurance support organizations, and their authorized representative, may obtain medical and other information in order to evaluate my (our) claim for life insurance benefits.

Any physician, practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, the Medical Information Bureau, Inc., employer and consumer reporting agency or insurance company who possesses information of care, treatment or advice of the insured may furnish such information to National States or its representatives upon presenting this authorization or a photocopy. This authorization includes information about drugs, alcoholism or mental illness. This authorization will be valid from the date signed for the duration of the claim.

I have read this authorization and know that I, or any person I authorize to act on my behalf, may request a copy of it. I know that I may revoke this authorization at any time by notifying National States in writing of my wish to do so.

Signature of Claimant:	Claimant's Date of Birth:	Claimant's Social Security No.:	Date Completed:
Claimant's Street Address: _____			
City _____	State _____	Zip _____	

INSTRUCTIONS

Claimant's Statement must be made by the person or persons to whom the insurance is payable. If there is more than one beneficiary, all may join in one statement, or a separate blank will be furnished for each if desired.

When the policy is payable to the estate or executors or administrators of the Insured, the statement must be made by an executor or administrator, certificate of whose appointment and qualifications must be furnished.

When a policy is payable to a named beneficiary of full age, the statement must be made by such beneficiary.

When a policy is payable to a minor, the statement must be made by a guardian, an official certificate of whose appointment and qualifications must be furnished.

When a policy has been assigned absolutely, the Claimant's statement must be made by the assignee. When a policy has been collaterally assigned, both the beneficiary and the assignee must execute the statement and a sworn statement giving the extent of the assignee's interest in the policy must be furnished and this must be accompanied by the original assignment or a certified copy thereof. In the latter case, the original assignment must be surrendered with the policy when the claim is paid.

When a policy is payable to a named beneficiary or two or more beneficiaries, and by death of any beneficiary has become otherwise payable, a certified copy of the death certificate of the deceased beneficiary must be furnished.

A CERTIFIED COPY OF THE CERTIFICATE OF DEATH as shown by the books of the Health Department, Registrar, County Clerk or other official having charge of such records must be furnished.

Every question must be fully answered. The Company reserves the right to require or to obtain further information should it be deemed necessary.

Before these blanks are filled, the instructions should be carefully read and understood by the persons who are required to answer the questions contained therein.