



CLAIMANT'S STATEMENT

Instructions: Please complete this form *in its entirety* and mail it to us with a certified death certificate and at-need statement of goods and services.

Name of Deceased: _____ Policy #(s): _____

Maiden or Other Names Known By: _____

Date of Death: _____ Insured's Social Security #: _____

Death was due to natural causes; specifically: _____ Illness length: _____

If not natural, was the cause: _____ Accidental _____ Suicide

Funeral Home: _____ Tax ID #: _____

Address: _____ Phone #: _____

Certification: Under penalties of perjury, I certify that (a) the number shown on this form is my correct Taxpayer Identification Number, and (b) to the best of my knowledge, I am not subject to backup withholding. [If you are subject to backup withholding, cross out the words after (b).]

Certificate of Performance - Complete for all Claims

_____ (Funeral Home) does hereby certify and covenant that it has completely and satisfactorily performed all services, duties and obligations required of it in connection with the funeral of the above-named decedent under Preneed Funeral Contract # _____. Funeral Home hereby requests payment for said services in accordance with the terms of the Preneed Funeral Contract.

Funeral Home further represents and warrants that there have been no claims or complaints made in connection with the funeral for the above-named deceased and further covenants that in the event of any claims or complaint, funeral home will indemnify and hold harmless Unity Financial Life Insurance Company and their affiliates, and any of their respective agents and employees, from all claims in connection with said services.

The Funeral Home named above has satisfactorily provided the funeral goods and services in accordance with the terms of the Preneed Funeral Contract referenced above.

Deceased's Personal Representative or Next of Kin: _____ Date: _____
 Signature: _____

Funeral Home Representative: _____ Date: _____
 Signature: _____

Assignment -Complete for all Policies not Previously Assigned to the Funeral Home

I, _____ (beneficiary), being entitled to receive benefits under the above-referenced policies issued by Unity Financial Life Insurance Company on the life of the Insured, who is now deceased, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby set over, assign, and transfer to _____ (Funeral Home) all of the proceeds of such policies, and I hereby direct Unity Financial Life Insurance Company to make its check payable to the Funeral Home for the assigned amount. **I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge. Beneficiary's Signature:** _____ **Date:** _____