CG B	RITCAY		PROOF	OF DEATH: CLAII	MANT STATEMENT	
	Li	ife Choic	es			
In furnishing this or othe waive any of its rights.	r claims forms for the conve	nience of the c	laimant, the (Company does not a	dmit any liability or	
PART 1 POLICY DI	ETAILS					
Policy Numbers for whic	h a claim is being made:					
PART 2 INSURED I	DETAILS					
Deceased's Name (in full):			Date of Death (DD/MM/YY):		
Cause of Death:						
Date and Place of Birth (I	MM/DD/YY):					
Names and Addresses of	f all physicians who attended	d the deceased	in the past 5	years:		
Name	Address		Date of Visit	Reason for Visit		
Names and locations of a	all hospitals or institutions w	here the decea	sed was treat	ted in the past 5 yea	ars:	
Hospital or Institution		City			Date of Treatment	
			· · · ·			
	wner of any other policies w				-	
	ease list the numbers?					
PART 3 CLAIMAN						
·	h beneficiary/payee and ren			-		
	Claimant's Name: Date of Birth (DD/MM/YY):					
	ased:					
	ddress:			(Mailing add	ress not acceptable	
Claimant's Phone Numbe	ddress:		Social Ir	(Mailing add nsurance Number:	ress not acceptable	
Claimant's Phone Numbe Claimant's Place of Birth	ddress: er: :		Social Ir Claiman	(Mailing add nsurance Number: t's Citizenship*:	ress not acceptable	
Claimant's Phone Numbe Claimant's Place of Birth *For US Citizens - Tax ID	ddress: er: :) Number	Claimant	Social Ir Claiman 's Occupatior	(Mailing add nsurance Number: t's Citizenship*: n:	ress not acceptable	
Claimant's Phone Numbe Claimant's Place of Birth *For US Citizens - Tax ID Employment Status:	ddress: er: : 9 Number	Claimant Employe	Social Ir Claiman 's Occupatior r Name:	(Mailing add nsurance Number: t's Citizenship*: n:	ress not acceptable	
Claimant's Phone Number Claimant's Place of Birth *For US Citizens - Tax ID Employment Status: If self-employed, please p The term "Politically Exp government official, seni	ddress: er: :) Number	Claimant Employe f business: neone who cur corporations, p	Social Ir Claiman 's Occupatior r Name: rently has, or politician, imp	(Mailing add nsurance Number: t's Citizenship*: n: has had, a position portant political part	ress not acceptable of public trust (e.g., y official, etc.) or ar	
Claimant's Phone Number Claimant's Place of Birth *For US Citizens - Tax ID Employment Status: If self-employed, please The term "Politically Exp government official, seni individual who is closely	ddress: er: Number provide details and nature o posed Person" applies to sor	Claimant Employe f business: neone who cur corporations, p such a person. I	Social Ir Claiman 's Occupatior r Name: rently has, or politician, imp	(Mailing add nsurance Number: t's Citizenship*: n: has had, a position portant political part	of public trust (e.g., y official, etc.) or ar	



Life Choices

PART 4 CLAIMANT DETAILS

To be completed for each beneficiary/payee and remitted with a colour copy of government ID and proof of residence.

Claimant's Name:	Date of Birth (MM/DD/YY):
Relationship to the deceased:	
Claimant's Residential Address:	(Mailing address not acceptable)
Claimant's Phone Number:	Social Insurance Number:
Claimant's Place of Birth:	Claimant's Citizenship*:
*For US Citizens - Tax ID Number	Claimant's Occupation:
Employment Status:	Employer Name:

If self-employed, please provide details and nature of business:

The term "Politically Exposed Person" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person. Does this description apply to you? \Box Yes \Box No

If Yes, please explain: _

I certify that the information provided is accurate and complete.

Claimant's Signature: ____

PART 5 AUTHORIZATION

I authorize all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to furnish to British Caymanian Insurance Agencies Limited, all information in their possession or within their knowledge respecting the deceased and to honour a photo static copy of this authorization.

Date: ____

Signed at	this	day of	, 20
Signature of Claimant:			
Witness:			

British Caymanian Insurance Agencies Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands PO Box 74, Grand Cayman, KY1-1102 Cayman Islands | Tel 345 949 8699 | Fax 345 945 8762 | www.CGCoralisle.com

Life Assurance and Personal Investments INSURANCE | HEALTH | PENSIONS | LIFE A member of Coralisle Group Ltd.

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of Coralisle Life Assurance Company Ltd.; it does not act as an insurance broker on behalf of its customers.

Rev. 08-20

2