



American Century Life Insurance Company

8596 E 101 Street Suite F

Tulsa, Oklahoma 74133

(918) 712-7770

Fax (918) 712-7773

Death Claim by Funeral Home

Name of Insured _____

Policy Number: _____

Birth Date: _____

Social Security # _____ Date of Death: _____

A certified copy of the Death Certificate is Required

Funeral Home Benefits are assigned to:

Phone Number _____ Tax ID of Assignee: _____

Email Address for Claim Processing _____

Please pay by E-Claim _____ **Completed Form On File** _____ **Completed form attached**

-OR-

Please mail check payable to the Funeral Home at the address listed below

Address _____

City, State Zip _____

I certify, by my signature below, that our funeral home has performed the described services for the insured/annuitant. I understand by making this claim on the above policy that no future claims can be made. This policy is cancelled and therefore no longer in force. I also realize that 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.

This signature also authorizes American Century Life Insurance Company to request any information concerning the death of the insured that they may deem necessary. This authorizes any physician or medical institution to provide such information to the company.

Funeral Home Representative Signature _____ **Date** _____

Office Use Only:

Principal Amount _____

Received by ACL _____

Interest Amount _____

ACL Representative _____

Total Amount _____

Date Completed _____

Original: Home Office