



Guide to making your claim

- **Claimant's Statement:**
You'll need to complete and return this claim form to us with the death certificate.

SECTION 1: Claim Submission Instructions

To submit your claim, please follow these steps:

1. Complete the Claimant's Statement

Fill out the enclosed **Claimant's Statement** carefully, following the instructions provided on the form. Be sure to include all requested information to help us process your claim promptly.

2. Submit Your Documents

Return the completed claim form along with the required documents listed in **Section 4** of the form.

For claims under \$30,000.00, you may email a scanned, legible copy of your documentation to claims@aatx.com.

SECTION 2: What Happens Next

We're committed to reviewing and processing your claim as quickly as possible.

- If your claim is approved and you've selected **check** as your payment method, we'll mail the check to the address provided
- If you prefer **ACH (direct deposit)**, please complete and return the enclosed **Claims Payment Authorization** form.





CLAIMANT'S STATEMENT

INSTRUCTIONS FOR COMPLETING THIS FORM – Missing or incomplete information may delay claim processing. The paperwork requested below must be received in good order, all questions answered, dated and all necessary signatures and documentation furnished. The Company reserves the right to require or obtain further proof should it be deemed necessary. By furnishing forms and investigating the claim, the company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

- 1. Claimant's Information** – The named beneficiary should complete this form and sign before a witness who should also sign the form. If there is more than one beneficiary, each one must complete a separate form.
 - **If the beneficiary is an Estate**, the form should be completed and signed by the Executor or Administrator of the Estate in his or her capacity as Executor or Administrator. Properly certified letters of administration must be submitted with the completed form.
 - **If the beneficiary is a Trust**, the form should be completed and signed by the Trustee of the Trust in his or her capacity as Trustee.
 - **If the beneficiary is a minor**, the form should be completed and signed by his or her legal appointed guardian in his or her capacity as Guardian. Certified letters of guardianship must be submitted with the completed form. In the event no guardian is to be appointed, contact the Company for further instructions.
- 2. Certified Death Certificate** – Attach a certified death certificate showing cause of death for the insured.
- 3. Policy** – Attach the insurance policy or policies pursuant to which claim is made (or certify that any policy not included is lost by your signature below).

SECTION 1: Information about the deceased

Policy Number		Amounts	
Name of Deceased in Full		Maiden Name	
Residence at Death: Street	City	State	Zip
Date of Birth	Place of Birth		
Date of Death	Place of Death		
Cause of Death			

Marital Status: Single Married Divorced Separated Widow / Widower

SECTION 2: Information about you

You are completing this form as: Beneficiary Executor Administrator Assignee
 Guardian Other: (Explain) _____

Claimant's Printed Name		Date of Birth	
Relationship to Insured		Maiden Name	
Country of Citizenship	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Phone Number	Email		
Residence: Street	City	State	Zip



SECTION 3: Certification and Signature

By signing this claim form, you certify that:

- The information provided is true and complete to the best of your knowledge.
- If an overpayment occurs—whether due to an error in the amount paid or payment made to the wrong individual—you agree to repay the overpaid amount. If repayment is not made, we may pursue recovery through legal means.
- You have read and understand the Claim Fraud Warnings included with this form.
Important Notice for New York Residents: Any person who knowingly and with intent to defraud an insurance company or other person submits an application or claim containing materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. This is a crime and may result in civil penalties of up to \$5,000 and the stated value of the claim for each violation.

Under penalties of perjury, I certify that:

1. The Social Security number provided in Section 2: Information About You is my correct taxpayer identification number.
2. I am not subject to backup withholding because:
 - I am exempt from backup withholding, or
 - I have not been notified by the IRS that I am subject to backup withholding due to underreporting of interest or dividends, or
 - The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen, resident alien, or other U.S. person.*
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

Note: If the IRS has notified you that you are currently subject to **backup withholding** due to underreporting, **please cross out Item 2 above.**

* If you are not a U.S. citizen, resident alien, or other U.S. person for tax purposes, please cross out Items 3 and 4 above and submit Form W-8BEN (for individuals) or Form W-8BEN-E (for entities).

Under penalties of perjury, I certify that I am a Non-Resident Alien and my country of residence is:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of the person making the claim	Date Signed
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Witness Signature	Date Signed
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SECTION 4: Submitting Your Documents

4A. Check off the items you're sending with your Claimant's Statement

- DEATH CERTIFICATE**
Include a copy of the death certificate.
- For claims over **\$30,000**, a **certified** death certificate is required. Certified copies typically have a raised or colored seal and can be obtained through the funeral director handling the arrangements.
 - **Only one death certificate is needed.** If another claimant is submitting one, you do not need to send a duplicate.
- POLICY NUMBERS**
List the policy numbers you are filing a claim for in **Section 1**.
- FUNERAL HOME AUTHORIZATION**
If you signed a document authorizing **payment directly to a funeral home**, please include a copy of that agreement.
- ACCIDENTAL DEATH DOCUMENTATION**
If the claim involves **accidental death**, include supporting documentation such as police reports or other relevant records.
- POWER OF ATTORNEY**
If you are **acting as Power of Attorney** for the beneficiary, include a copy of the legal appointment papers.
- EXECUTOR OF ESTATE**
If the beneficiary is the Insured's or the Beneficiary's Estate, the Executor of the **appropriate** Estate must sign the Claimant's Statement and provide a copy of the certified court document showing their appointment. If no Estate will be set up, the heirs of the Estate may use the enclosed Affidavit to Obtain Payment of Insurance Proceeds (if estate in Florida or Georgia, do not complete form but consult with probate court). It should be completed in full, noting that Question #5 asks the name of the person or persons that the heirs agree upon to receive the insurance proceeds. The person or persons named to receive the proceeds in #5 of the Affidavit should also each complete and sign a separate claimant's statement.
- ACH PAYMENT AUTHORIZATION**
If you prefer to receive your proceeds via ACH (direct deposit), include:
- The completed **Claims Payment Authorization** form
 - A copy of a **voided** check to verify your account information
- OTHER:**
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4B. Please mail your completed claim to the following address:

Mail forms to:

P.O. Box 2549
Waco, TX 76702-2549

For claims under **\$30,000.00**, you may:

Email to: claims@aatx.com or Fax to: 1-254-297-2756.

STATE FRAUD WARNING NOTICES

For your protection, the laws of several states (including those listed below) require that we provide you with the following statements. **General Fraud Warning:** 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 may be guilty of a criminal offense and subject to penalties under state law.

Alabama Fraud Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska Fraud Warning:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning:

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.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia Fraud Warning:

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 confinement in prison.

California Fraud Warning:

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning:

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.

Delaware and Idaho Fraud Warning:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim containing false, incomplete or misleading information is guilty of a felony.

Florida Fraud Warning:

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

Hawaii Fraud Warning:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Indiana Fraud Warning:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas Fraud Warning:

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Kentucky Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maine, Tennessee, Virginia and Washington Fraud Warning:

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

Minnesota Fraud Warning:

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

New Hampshire Fraud Warning:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey Fraud Warning:

Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

Ohio Fraud Warning:

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

Oklahoma Fraud 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.

Oregon Fraud Warning:

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Pennsylvania Fraud Warning:

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 containing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Fraud Warning:

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas Fraud Warning:

For your protection Texas law requires the following to appear on this form:

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.

Vermont Fraud Warning:

Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

AFFIDAVIT TO OBTAIN PAYMENT OF INSURANCE PROCEEDS

STATE OF _____

COUNTY OF _____

We/I, being duly sworn, depose and say that:

1. The undersigned is/are the survivor/survivors of _____, lately domiciled in _____.
2. Said decedent died on _____.
3. No fiduciary has qualified or has been appointed to administer the estate of the decedent.
4. At the time of death of _____, there was due owing the Estate of the Decedent from _____ the sum of: \$ _____ (_____) representing benefits payable in accordance with the provisions of Policy No. _____.
5. The undersigned desires that payment be made to _____

 in full satisfaction of the aforesaid debit due and owing the Estate of the decedent.

The undersigned specifically releases from all liability under Policy No. _____ on the life of _____.

THE UNDERSIGNED HAS READ THE FOREGOING AFFIDAVIT AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this _____ day of _____, 20_____.

Witness _____	Survivor _____

STATE OF _____

COUNTY OF _____

(Seal)

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC/MY COMMISSION EXPIRES ON _____.



**AMERICAN
AMICABLE
GROUP**

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
IA AMERICAN LIFE INSURANCE COMPANY
INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC.
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY

PO Box 2549, Waco TX 76702-2549 • 254-297-2777 / 800-736-7311 • Email: claims@aatx.com • www.americanamicable.com

CLAIM PAYMENT AUTHORIZATION

Name of Policyholder

Policy Number

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Claimant's Name

If there are multiple beneficiaries,
each beneficiary must submit a
Claims Payment Authorization Form.

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ELECTRONIC FUNDS TRANSFER

The funds will be automatically deposited into your bank account within two days or less.

Account Type

- Savings account (consult your institution for the proper ID Number)
- Checking account (attach sample check marked "void")

Name of Financial Institution

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Transit Number

Account Number

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Direct Deposit Authorization and Declarations

- I authorize the company indicated above to deposit all claims payments directly to the account indicated above.
- I authorize the company indicated above and my financial institution to exchange personal information, when necessary to administer the direct deposit.
- I agree that a photocopy or electronic copy of this Direct Deposit Authorizations is as valid as the original.
- I certify that the information given is true, correct and complete to the best of my knowledge.

Claimant's Signature

Date

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**We require your signature in order to process your payment request.
Please ensure this form is completed in full.**

The Company indicated above is authorized to initiate credit entries to the account indicated and the Bank named is authorized to credit the same to such account. This authority can be terminated by the beneficiary at any time by notification to the Company, provided only that the Company and the bank will have a reasonable opportunity to act on such notification.