



APOLLO LIFE ASSURANCE • LIMITED

Apollo Life... for a Better Life

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PROOF OF DEATH

(SEE INSTRUCTIONS ON REVERSE SIDE)

NO. 1 CLAIMANT'S STATEMENT

1. NAME OF INSURED (if married woman, give maiden name also)	1.			
2. Policy Number	2. Number			
3. a. Date of death?	3. a. (day) (month) (Year)			
b. Place of death?	b.			
c. Age of death?	c. (day) (month) (Year)			
4. Occupation at time of death?	4.			
6. Immediate cause of death?	6.			
7. When did the deceased or any other person on his behalf first consult a physician either for the original trouble or for some subsequent complications?				
8. When did Insured first consult a physician for last illness?	8. (day) (month) (Year)			
9. List all physicians who attended the insured during last illness and during three years prior thereto:	9. NAME	ADDRESS	DATES	REASON
	
	
	
10. Has Insured other Life Insurance? If so, In what Companies and for what amounts?	10. COMPANIES	POLICY NO	POLICY DATE	AMOUNT

11. Had any proposals to assure his life ever been declined: if so, by what company and when?	11.			
12. In what capacity do you claim this insurance?	12.			
13. Who has the Policy (or certificate)?	13.			
14. What is your date of birth?	14. (day) (month) (Year)			

The undersigned hereby makes claim to said insurance, and agrees that the written statements and affidavit 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 other forms supplemental thereto, by said Company, shall not constitute nor be considered by it that there was any insurance in force on the life in question, or a waiver of any of its right or defenses.

DATED.....20..... FULL NAMED CLAIMANT.....

.....
*(Witness)

SIGNATURE:

This must be witnessed by Employer, if Group Insurance, otherwise by an official of the Insurance company, otherwise before an officer authorized by law to administer oaths.

INSTRUCTIONS

In normal cases, proofs of death required are as follows:

STATEMENT NO.1 must be made by the person or persons to whom the insurance is payable. If there is more than one beneficiary, a separate blank form will be furnished for each.

When a policy is payable to the state or executor or administrator of the insured, the statement must be made by an executor or administrator, a certificate of whose appointment and qualification 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 qualification must be furnished.

When a policy is payable under an assignment the statement must be made by the assignee. If a collateral assignment, state the consideration for same and present amount of the indebtedness of the deceased under said assignment. The original must be produced.

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

When a policy, or any part of it, is payable to "children" or others of class, a sworn statement must be furnished, giving the names and dates of birth of each; if any have died, the statement must give the date and place of death, and must also state whether they died unmarried, intestate, and without issue.

When an official inquiry as to cause of death has been made, a copy of the verdict, or findings, duly certified must be furnished with this statement.

STATEMENT NO.2 must be made by every physician who attended the deceased during his last illness, and for this purpose the company will furnish as many statement No.2 forms as are required.

STATEMENT NO. 3 must be executed by a person of legal age, intimately acquainted with, but not related to the deceased, who has seen the remains and no interest in the policy proceeds.

STATEMENT NO.3 A on reverse side of STATEMENT NO.3 A must be completed by the group policy holder (normally the Employer) in place of STATEMENT NO.3.

DEATH CERTIFICATE

BIRTH CERTIFICATE if proof of age has not previously been admitted by the company.

All of the statement required must be witnessed by the policyholder in the case of group Insurance, otherwise the Agency Manager, otherwise before an officer authorized by law to administer oaths. Every question must be distinctly and fully answered.

The Company reserves the right to require or obtain further information should it be deemed necessary.

Upon each of the blank herewith will be found further instructions pertaining thereto. Before having these blanks completed see that these instructions are carefully read and understood by the persons who are required to answer questions contained therein.

The Policy, or certificate, unless already in the Company's possession, should accompany the proof forms.