



American Century Life Insurance Company

4785 E 91st Street Suite 200

Tulsa, Oklahoma 74137

(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 This policy is cancelled and therefore no longer in force.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 _____