



**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 This policy is cancelled and therefore no longer in force.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 \_\_\_\_\_