ASSURITY® LIFE INSURANCE COMPANY
Post Office Box 82533, Lincoln, NE 68501-2533
(800) 869-0355, Ext. 4484 • Fax (800) 869-0368

NOTIFICATION OF DEATH

Policyowner's Name _____ Social Security No. _____
First Middle Last

Deceased's Name _____
First Middle Last

Date of birth ____/____/____ Date of death ____/____/____
(MM/DD/YYYY) *(MM/DD/YYYY)*

POLICY NUMBER(s)

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Do you have all of the original policies listed above? ☐ Yes ☐ No

CONTACT PERSON

Name _____ Telephone No. (____) _____
First Middle Last

Address _____
Street address City State ZIP+4

Relationship to the Insured _____

_____ ____/____/____
Signature of Contact Person *Date (MM/DD/YYYY)*

Direct any questions to our claims department at the phone numbers shown above, or to our home office at 1526 K Street, Lincoln, NE 68508.