



DIFP

Department of Insurance,
Financial Institutions &
Professional Registration

Life Policy Locator Service

CONFIDENTIAL PERSONAL INFORMATION

insurance.mo.gov

The Missouri Department of Insurance can help consumers locate and identify individual life insurance policies or annuity contracts of a deceased policyholder.

WHO CAN SUBMIT A REQUEST

- Individuals who believe they are beneficiaries, or
- An executor or legal representative of a deceased individual who may have lived in Missouri when a policy was issued or annuity was purchased.

HOW TO SUBMIT A REQUEST

Complete all information, sign it before a notary public and mail it in an envelope marked "Confidential" along with an original certified death certificate to:

Life Policy Locator

Missouri DIFP

PO Box 690

Jefferson City, MO 65102

Phone: 800-726-7390

573-751-2640

TDD: 573-526-4536

UPON RECEIPT OF THE REQUEST form and death certificate, the Department of Insurance will:

- Forward the **completed** form and any attachments, along with the death certificate, to all Missouri-licensed life insurance companies.
- Ask that the companies search their records to determine whether they have any individual life insurance policies or individual annuity contracts in the name of the deceased.
- Ask that they respond directly to the requestor **only if** they have any individual life insurance policies or annuity contracts naming the deceased, **and if** the requestor is authorized to receive this information.

PLEASE PRINT, TYPE OR WRITE CLEARLY IN BLACK OR BLUE INK

1 REQUESTOR'S CONTACT INFORMATION

DATE OF REQUEST _____

REQUESTOR'S
FULL NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE ZIP CODE

COUNTY

EMAIL
ADDRESS

DAY
PHONE

NEXT

2 DECEASED'S CONTACT INFORMATION

DECEASED'S NAME _____
LAST FIRST MIDDLE SUFFIX (such as Sr., Jr., M.D.)

OTHER LEGAL NAMES USED
(such as maiden name) _____

DATE OF BIRTH _____ **DATE OF DEATH** _____ **SOCIAL SECURITY NO.** _____
MM-DD-YYYY MM-DD-YYYY

LAST ADDRESS _____
STREET CITY COUNTY STATE ZIP CODE

PREVIOUS ADDRESSES
(attach sheet if needed)
STREET CITY STATE ZIP CODE
STREET CITY STATE ZIP CODE

3 RELATIONSHIP OF REQUESTOR TO DECEASED (check all that apply)

Spouse Executor or legal representative Child (18 or older) Attorney Other Specify: _____

4 REQUESTOR'S CERTIFICATION & NOTARIZED SIGNATURE

I certify that I have made a diligent search of the deceased person's records and property, including bank statements and safety deposit boxes, and have asked family members to identify all individual life policies or individual annuity contracts that I have reason to believe covered the life of the deceased person named above. I understand that life insurance companies will respond directly to me **only if** they have reason to believe the deceased has any individual policies with them **and** I am authorized to receive this information.

I further understand that the Department of Insurance's only role with this request is to forward to all Missouri licensed life insurance companies this completed form and a certified death certificate. I understand that a company may require additional information from me, including documentation of my legal authority to request or obtain information about the deceased.

For privacy and protection of confidential personally identifiable information, I understand all original documents I submit to the Missouri Department of Insurance will not be returned. I further understand all original documents I submit with this request will be destroyed pursuant to the department's record retention schedules.

I certify that the information I have provided is complete and accurate.

Requestor's signature  _____

Sworn to and subscribed in my presence this _____ day of _____ 20 ____.

By _____
NOTARY PUBLIC NOTARY'S SIGNATURE



Notary public, state of _____ . My commission expires _____ .
MM-DD-YYYY

My notary commission is recorded in the county of _____ .