

**DIFP**Department of Insurance,  
Financial Institutions &  
Professional Registration**Proof of Death  
Beneficiary's Statement****OZARK BENEFIT ASSOCIATION LIFE INSURANCE CO. (OBA)**[www.insurance.mo.gov/oba](http://www.insurance.mo.gov/oba)**573-522-6115****THIS PROOF OF DEATH FORM IS DUE BY APRIL 30, 2015**

To file a claim under an Ozark Benefit Association Life Insurance Co. policy, please mail this form along with a certified copy of the insured's death certificate.

**Note:** Additional information may be requested from the insured's estate, next of kin or personal representative.

OBA Receivership  
P.O. Box 690  
Jefferson City, MO 65102

**INFORMATION ON DECEASED****DECEASED'S  
NAME**

LAST

FIRST

MIDDLE  
INITIAL

MAIDEN/ALIAS/NICKNAME

**ADDRESS**

STREET

CITY

STATE ZIP CODE

**DATE  
OF BIRTH**

MM-DD-YYYY

**DATE  
OF DEATH**

POLICY BENEFITS TERMINATE AT 11:59 P.M. ON MARCH 31, 2015, **UNLESS** POLICY WAS ADMINISTERED BY JOHN W. GERMAN FUNERAL HOME, THE INSURED HAD DESIGNATED THE FUNERAL HOME AS BENEFICIARY, AND FUNERAL SERVICES ARE PROVIDED BY THE FUNERAL HOME.

**POLICY FACE VALUE**  
(IF KNOWN)**BILLING NUMBER**  
(IF KNOWN)

The undersigned hereby applies to Ozark Benefit Association Life Insurance Co. in Liquidation and agrees that the furnishing of this form, or any other forms supplemental thereto, will not constitute nor be considered an admission by the Liquidator that there was any insurance in force on the life in question, nor a waiver of any of its rights or defenses.

Any person who knowingly and with intent to defraud any insurance company or person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. This is a crime, and subjects such person to criminal and civil penalties.

**SIGNED AT**

CITY

COUNTY

STATE

**DATE**

MM-DD-YYYY

**BENEFICIARY  
SIGNATURE****WITNESS  
SIGNATURE**

TYPE OR PRINT BENEFICIARY NAME

BENEFICIARY SS NUMBER

BENEFICIARY DOB

**BENEFICIARY  
MAILING  
ADDRESS**

STREET

CITY

STATE ZIP CODE

PHONE  
(000-000-0000)