



# DIFP

Department of Insurance,  
Financial Institutions &  
Professional Registration

## Proof of Death Beneficiary's Statement

WATKINS LIFE & BENEFIT ASSOCIATION "WLBA"

[www.insurance.mo.gov/wlba](http://www.insurance.mo.gov/wlba)

573-522-6115

**THIS PROOF OF DEATH FORM IS DUE BY DEC. 31, 2013**

To file a claim under a Watkins Life & Benefit Association 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.

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

### INFORMATION ON DECEASED

**DECEASED'S  
NAME**

LAST

FIRST

MIDDLE  
INITIAL

MAIDEN/ALIAS/NICKNAME

**SOCIAL SECURITY NO.**

000-00-0000

**DATE OF BIRTH**

MM-DD-YYYY

**DATE OF DEATH**

POLICY BENEFITS TERMINATE  
AT 11:59 P.M. ON NOV. 30, 2013

**ADDRESS**

STREET

CITY

COUNTY

STATE

ZIP CODE

**POLICY NUMBER**

(IF KNOWN)

**BILLING NUMBER**

(IF KNOWN)

**INSURED NUMBER**

(IF KNOWN)

The undersigned hereby applies to Watkins Life & Benefit Association 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 defense.

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**

**BENEFICIARY  
SIGNATURE**

PRINT BENEFICIARY NAME

**WITNESS  
SIGNATURE**

BENEFICIARY SS NUMBER

BENEFICIARY DOB

**BENEFICIARY  
MAILING  
ADDRESS**

STREET

CITY

STATE

ZIP CODE

PHONE (000-000-0000)