

# INVESTORS HERITAGE *Life Insurance Company*

200 Capital Avenue • P O Box 717 • Frankfort, Kentucky 40602-0717  
Toll Free (800) 422-2011 • Fax: (502) 223-6575

## PENNSYLVANIA

### FUNERAL DIRECTOR'S STATEMENT (Use **ONLY** for Non-Contestable Preneed Claims)

**INSTRUCTIONS:** Mail completed form with the Policy and Obituary (Newspaper Clipping).

Name of Deceased		Social Security Number		Deceased was <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (P.O. Box - No. - Street)		City		State	Zip Code
Policy Number(s)		Issue Date of Policy(ies)		Type of Policy(ies)	
				<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
				<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	
Date of Birth:  ____/____/____ (Month / Day / Year)	Place of Birth:  _____ (City and State)	Date of Death:  ____/____/____ (Month / Day / Year)	Place of Death:  _____ (City and State)		
<b>PRIMARY CAUSE OF DEATH as listed on the death certificate filed with the Bureau of Vital Statistics</b>					
Where did death occur? (Please check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other: _____					
Name of Person Arranging Funeral		Relationship to Deceased		Social Security Number	
Address (P.O. Box - No. Street)		City		State	Zip Code
Telephone Number (    )	Were the Policy Proceeds Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Newspaper Obituary Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I hereby certify that I am an authorized, licensed Funeral Director; that the above named Insured is deceased as set forth above; that I will/ have prepare(d) for final disposition the body of the above named person; and that I will/ have fully perform(ed) the funeral services for the above named person. I hereby certify that all information above is true and correct to the best of my knowledge and belief. I understand that the life insurance policy is not contestable because it was guaranteed issue or because it has been in effect for two (2) years from the date of issue. The Obituary (newspaper clipping), the Certificate of Performance, if required by state law, and the policy should accompany this form. Investors Heritage reserves the right to request additional information which it, in its sole discretion, deems necessary to adjudicate a claim.</p> <p><b>Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.</b></p>					
Name and Address		Signature of Funeral Director		Funeral Director License No.	
		Telephone Number (    )		Email Address	
		Tax I.D. Number		Date	