WICHITA NATIONAL LIFE INSURANCE COMPANY

Claim for Credit Life
Death Benefits

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Claim form MUST be submitted with:

- **A certified copy of the Death Certificate**
- **A copy of the Loan Contract/Promissory Note**

CREDITOR'S STATEMENT

_____ (Name of Insured)

_____ (Residence Complete Address)

Certificate Number	Effective Date	Loan Officer/Agent	Net Pay Off Due Creditor	Daily Per Diem	Pay Off Good Through

NOTE: DO NOT REFUND ANY LIFE OR A&H PREMIUM ON A DEATH CLAIM. THE LIFE PREMIUM IS FULLY EARNED AND THE A&H PREMIUM WILL BE REFUNDED BY THE INSURANCE COMPANY.

NEXT OF KIN AUTHORIZATION

Please have the deceased insured's next of kin or executor of estate complete and sign the following:

Date insured last worked _____ When did insured first complain of or give other indication of last disease _____

When did insured first consult a physician for last illness _____

Give the name, complete address and phone number of insured's primary doctor and any other physicians, hospital or practitioners who attended or prescribed within the last three years.

Name	Address	Telephone	Date of Attendance	Disease or Condition

The statements above are true, accurate and correct. I/We agree that the Wichita National Life Insurance Company may rely upon them as part of the proof of death under the certificates numbered above.

Authorization: Upon presentation of the original or a photocopy of this signed authorization, I the undersigned, do hereby authorize any medical professional, hospital or other medical institution, insurance support organization, pharmacy, governmental agency, insurance company, provide Wichita National Life Insurance Company or agent and attorney, information concerning advice, care of treatment provided to the deceased insured named above, including information relating to mental illness, use of drugs or use of alcohol.

_____
Signature of Next of Kin — Relationship — Date

Address — City or Town — State — Zip Code — Telephone #

Please return form to: Wichita National Life Insurance Company ~ PO Box 369 ~ West Chester, OH 45071 ~ (800) 522-1625