



Guarantee Trust Life Insurance Company
P.O. Box 1145
Attn: Credit Claim Service Center
Glenview, Illinois 60025 800-592-0629

REQUEST FOR ACCELERATED DEATH BENEFIT PAYMENT

(Insured has life expectancy of 6 or fewer months)

Insured's Name: _____ Alternate Name: _____

Address: _____
Street City State Zip Code Phone Number

Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____ Male Female

Certificate Number: _____ Issue Date: ____/____/____ Term: _____ (months)

Name, address and telephone number of Attending Physician: _____

Receipt of an Accelerated Death Benefit will terminate your and any joint insured's life and disability insurance (if any).
 Acceptance of an Accelerated Death Benefit may be taxable and assistance should be sought from your personal tax advisor.

 Signature of Insured

 Date

TO BE COMPLETED BY CREDITOR:

1. Original Amount of Insured Indebtedness\$ _____ (1)
2. Number of months elapsed _____ Multiplied by \$ _____ Equals (=)....\$ _____ (2)
(Date of Insurance to today's date) (Monthly payment)
3. Net Payoff Amount* due Creditor good until ____/____/____\$ _____ (3)
(Date)

*(Gross amount less unearned interest and/or advanced payments)

4. Accelerated Death Benefit Payment is Net Payoff Amount due Creditor to a maximum of \$20,000.

Life insurance premium is earned and not refundable on the Accelerated Death Benefit claim. All life and disability insurance terminates upon payment of the Accelerated Death Benefit. Unearned disability premium will be refunded.

As irrevocable Creditor Beneficiary, I consent to the payment of this Accelerated Death Benefit. I also certify that the information shown above is true and correct with respect to the benefits claimed. In the event the undersigned Creditor is also the Agent of Record on the Certificate of Insurance, the undersigned additionally certifies that the appropriate refund of unearned disability premium (if any) has been made in the amount of:

\$: _____
 To: _____

Creditor Beneficiary: _____ Loan Account #: _____

Creditor Address: _____
Street City State Zip Code

Creditor Phone Number: _____

Signature: _____ Printed Name: _____ Date: ____/____/____

CREDITOR SIGNATURE IS REQUIRED

Dear Insured: Below is a listing of the fraud language that your State Department of Insurance requires us to give to you. Please first locate your state of residence and then read the fraud language that pertains to your state. Thank you.

**Alabama
Arkansas
California
Connecticut
Georgia
Iowa
Illinois
Kansas**

**Louisiana
Massachusetts
Maryland
Michigan
Missouri
Mississippi
Montana
North Carolina**

**North Dakota
Nebraska
Nevada
Puerto Rico
Rhode Island
South Carolina
South Dakota**

**Texas
Utah
Vermont
Wisconsin
West Virginia
Wyoming**

Generic Fraud Warning (to be used for above states only)

Any person who knowingly presents a fraudulent claim containing any false or misleading information is guilty of insurance fraud and may be subject to fines and confinement in prison.

Alaska, Delaware, Idaho, Indiana, Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Colorado, D.C., Hawaii, Maine, Tennessee, Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance coverage.

Arizona, Minnesota, New Jersey, New Mexico

IN 12 POINT TYPE FOR ALL STATES LISTED TO SATISFY ARIZONA REQUIREMENTS Any person who knowingly and with intent to defraud an insurer presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to civil fines and criminal penalties.

Kentucky, Ohio, Oregon

Any person who intends to defraud or knowingly assists in committing a fraud against an insurer by submitting an application or claim containing a false or deceptive statement is guilty of insurance fraud.

Florida

Any person who, knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in Section 817.234 F.S.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files 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, which is a crime and subjects such person to criminal and civil penalties.

Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

