

**THIS FORM MUST BE COMPLETED IN FULL BY THE CREDITOR**

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

Credit Claim Service Center

P.O. Box 1145

Glenview, IL 60025

Phone: 800-592-0629

Fax: 847-460-2962

Office Hours:

Monday thru Thursday: 7:00 A.M. to 5:00 P.M. CST

Friday: 8:00 A.M. to Noon CST

**CREDITOR BENEFICIARY'S STATEMENT**

Insured/Borrower: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_  
Street City State Zip Code

Certificate Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Term (Months): \_\_\_\_\_

**(Please attach a copy of the certificate of insurance)**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Use Member Number and Outstanding Balance Coverage

1<sup>st</sup> Payment Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Original Amount of Indebtedness: \$ \_\_\_\_\_

\*Net Amount Due Creditor including interest as of the Date of Death: \$ \_\_\_\_\_

**Life Insurance premium is earned and not refundable on death claim.**

\* To comply with certain state laws, our payoff to a creditor must be for the net amount due (Gross amount less unearned interest and/or advanced payments.) Please advise us of this amount. Any remaining balance is payable to the second beneficiary, if named, otherwise to the Insured Borrower's Estate.

I hereby certify that the information shown is true and correct with respect to the benefits claimed, and I further certify that the attached **original or raised seal copy of the death certificate** identifies this Insured Borrower. 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 has been made in the amount of:

\$: \_\_\_\_\_

To: \_\_\_\_\_

Creditor Beneficiary: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Creditor Address: \_\_\_\_\_  
Street City State Zip Code

Creditor Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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.