



Questions to be Posed when a Spouse Claims as Beneficiary

Deceased Insured _____ Policy Number _____

1 Give the date and place of your marriage to the Insured/Policy Owner.

Date: DD / MM / YYYY

Place: _____

2 Were proceedings in divorce or annulment of marriage ever instituted between you and the Insured/Policy Owner?

Yes No

3 If 'Yes' give details and submit copy of any final judgement.

Signature

DD / MM / YYYY
Date

Name

Telephone number