

INSTRUCTIONS

In normal cases, proofs of death required are as follows:

STATEMENTS NO. 1 must be made by the person or persons to whom the coverage is payable. If there is more than one beneficiary, a separate form will be furnished for each.

When a Plan or Benefit is payable to the estate or executor or administrator of the Principal, the statement must be made by an executor or administrator, a certificate of whose appointment and qualification must be furnished.

When a Plan or Benefit is payable to a named beneficiary full of age, the statement must be made by such beneficiary.

When a Plan or Benefit is payable to a minor, the statement must be made by a guardian, an official certificate of whose appointment and qualification must be furnished.

When a Plan or Benefit is payable under an assignment, the statement must be made by the assignee. If a collateral assignment, state the consideration for same and present amount of the indebtedness of the deceased under said assignment. The original assignment must be produced.

When a Plan or Benefit is payable to a named beneficiary or to one or more beneficiaries, but by the death of any beneficiary has become otherwise payable, a certified copy of the death certificate of the deceased beneficiary must also be furnished.

When a Plan or Benefit, or any part of it, is payable to "children" or others of a class, a sworn statement must be furnished, giving the names and the dates of birth of each; if any have died, the statement must give the date and place of death, and must also state whether they died unmarried, intestate, and without issue.

When an official inquiry as to cause of death has been made, a copy of the verdict, or findings, duly certified must be furnished with this statement.

STATEMENT NO. 2 must be made by every physician who attended the deceased during his last illness, and for this purpose the Company will furnish as many Statement No. 2 forms as are required.

STATEMENT NO. 3 must be executed by a person of legal age, intimately acquainted with, but not related to, the deceased, who has seen the remains and has no interest in the Coverage proceeds.

STATEMENT NO.3A on the reverse side of STATEMENT NO. 3, must be completed by the Group Contract holder (normally the Principal) in place of STATEMENT NO.3.

DEATH CERTIFICATE.

BIRTH CERTIFICATE if proof of Age has not previously been admitted by the Company.

All of the statements required must be witnessed by the Contract holder in the case of Group Coverage, otherwise the Plan Administrator, otherwise before an officer authorized by law to administer oaths. Every question must be distinctly and fully answered.

The Company reserves the right to require or obtain further information should it be deemed necessary.

Upon each of the blanks herewith will be found further instructions pertaining thereto. Before having these blanks completed see that the instructions are carefully read and understood by the persons who are required to answer questions contained therein.

The Contract, or certificate, unless already in the Company's possession, should accompany the proof forms.