

**WARNING:** Any person who knowingly submits a request for benefits containing a false or deceptive statement is guilty of fraud and may be subject to criminal penalties.

### REPORT OF DEATH

The furnishing of this form is neither an admission of protection or liability by the Financial Institution or a waiver of any rights or defenses.

**INSTRUCTIONS:**

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| <p>1. The Financial Institution is to complete the Report of Death. An Addendum, Installment Loan or Line of Credit (LOC) number is required to consider benefits.</p> <p>2. The Financial Institution is to assist the family in completing Form 740B, Authorization to Obtain Information. If the purchased protection provides for accident only protection, a copy of an accident report, police report or other official document showing the cause of the accident is required.</p> | <p>3. Submit the following to CSO, at the above address:</p> <p>a. A certified Death Certificate;</p> <p>b. The Report of Death, Form 460B 5th Rev.;</p> <p>c. Authorization to Obtain Information, Form 740B; and</p> <p>d. Any required documentation for accident only coverage, if applicable.</p> |
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**PROTECTED BORROWER - INSTALLMENT LOAN / LOC INFORMATION:**

Protected Borrower's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Addendum Number: \_\_\_\_\_

Effective Date of Protection: \_\_\_\_\_ Addendum Term: \_\_\_\_\_

Loan / LOC Number: \_\_\_\_\_  
(If different from Addendum Number)

Effective Date of the Loan / LOC: \_\_\_\_\_ Loan Term: \_\_\_\_\_

If Debt Cancellation Protection was offered through a dealer, please provide the name below.

\_\_\_\_\_  
(Dealer Name)

**Installment Loan:**

Outstanding Loan Amount \$ \_\_\_\_\_  
(on the date of death)

Less delinquent principal and interest over 60 days past due: - \_\_\_\_\_  
(Do not subtract the amount related to the first 60 days of delinquency)

Requested Benefit Amount =\$ \_\_\_\_\_

Have loan extensions been granted on this Loan?  Yes  No  
If yes, please provide loan history.

**Line of Credit (LOC):**

**Note:** Please attach the entire loan history up to the date of death.

Outstanding LOC Amount \$ \_\_\_\_\_  
(on the day before the date of death)

Less delinquent accrued unpaid interest over 60 days past due: - \_\_\_\_\_  
(Do not subtract the amount related to the first 60 days of delinquency)

Requested Benefit Amount =\$ \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_  
(Where the borrower sends their loan payments)

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone Number: \_\_\_\_\_

Financial Institution Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_