

**SOUTHERN PIONEER LIFE INSURANCE COMPANY**  
**PO BOX 64270, ST. PAUL, MN 55164-0270**  
**PHONE 1-800-482-9260 FAX 1-800-604-7819**

**CREDIT LIFE INSURANCE –DEATH CLAIM FORM**

- Instructions:**
- (1) **Part 1** is to be completed by the **Financial Institution (Creditor)**.
  - (2) **Part 2** is to be completed by the **Representative of the Estate**.
  - (3) **Return the form, completed in its entirety, to the address above.**
  - (4) **ATTACH A CERTIFIED DEATH CERTIFICATE.**

**PART 1: CREDITOR: Financial Institution of the Loan: Complete This Section.**

Customer Name:	Certificate Number:	Loan Number:	Effective Date:	Loan APR:	Term of Insurance:

- (1) *Attach **each** of the following to this form: a copy of the Application for Insurance; a copy of the Certificate of Insurance; a copy of the Truth in Lending Disclosure for this loan; a copy of this loan's history for the one-year period prior to and up to the date of death; and the interest per diem on this loan as of the date of death.*
- (2) Please reference the Application for Insurance and/or the Certificate of Insurance. **Determine which type of credit life insurance was purchased for this loan (*Net, Gross, OR Revolving Open-End*).** Then, please complete the corresponding section below.

**NET PAYOFF:**

Original amount of insurance: \$ \_\_\_\_\_  
 Interest Per Diem at date of death: \$ \_\_\_\_\_  
 Total \$ Amount of Payments Made *After Date of Death:* \$ \_\_\_\_\_

**REVOLVING OPEN-END:**

Outstanding Balance Due at Date of Death: \$ \_\_\_\_\_  
*(Include Principal and Earned Interest)*

- (1) **Unpaid Balance at Date of Death:** \$ \_\_\_\_\_  
*-PLUS-*
- (2) **Earned Interest at Date of Death:** (+) \$ \_\_\_\_\_  
*-EQUALS-*
- (3) **Amount Due to First Beneficiary:** (=) \$ \_\_\_\_\_

**GROSS PAYOFF:**

- (1) Original amount of insurance: \$ \_\_\_\_\_
- (2) Amount of decrease in coverage *(please complete the following formulas)* :
  - (a) 
$$\frac{\$ \text{_____}}{\text{(Original amount of insurance)}} \div \frac{\text{_____}}{\text{(Term of Insurance)}} = \$ \frac{\text{_____}}{\text{(Monthly Benefit)}};$$
  - (b) 
$$\frac{\$ \text{_____}}{\text{(Monthly Benefit)}} \times \frac{\text{_____}}{\text{(# of months insurance was in effect at Date of Death)}} = \$ \text{_____} \text{ (-)}$$
- (3) **Amount of Insurance Coverage at Date of Death** *(Line 1 Minus Amount of Decrease):*  
 \$ \_\_\_\_\_
- (4) **Amount of Insurance Payable to Creditor:**  
 \$ \_\_\_\_\_
- (5) **Balance Payable to Second Beneficiary (Estate):**  
 \$ \_\_\_\_\_

*(\*Please list the address to which potential credit insurance benefits should be mailed.)*

**CREDITOR NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

*I represent the above referenced creditor, and hereby certify that the above information is complete and true.*

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_