



PROOFS OF DEATH

Submitted to
AMERICAN LIFE INSURANCE COMPANY

CLAIMANT'S STATEMENT

Numbers of Policies in this Company

Amounts

Deceased's name in full ... If a married woman state maiden name also ... Age ...

1. Occupation at date of death?

2. a. Date and place of deceased's birth? a. Date ... Place ...
b. Source from which date of birth obtained? (Family record or any other record or certificate of birth should be referred to). b. ...

3. a. Date and place of death? a. Date ... Place ...
b. Cause of death? b. ...

4. a. When did deceased first complain of, or give other indications of his last illness? Date ...
4. b. When did deceased first consult a physician for his last illness? Date ...

5. On what date did deceased last attend to his usual work? Date ...

6. a. Names and addresses of all physicians who attended to deceased during his last illness and during five years prior thereto:

Name Address Date of Attendance Disease or Condition

b. Had the deceased within the last five years been an inmate of, or under treatment at a hospital, sanitarium, asylum or other institution?

(If so, state when, where, and for what cause?)

7. In what other companies, and for what amounts, was the life of deceased insured?

Company Policy Number Policy Date Amount of Insurance

8. In what capacity, or by what title, do you claim this Insurance?

9. Did you elect one of the optional modes of settlement in lieu of an immediate cash payment?

If so, which mode of settlement?

10. What is your date of birth?

The undersigned, hereby makes claim to said insurance, and agrees that the written statements and affidavits of all the physicians who attended to or treated the insured shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental thereto, by said Company shall not constitute nor be considered by it that there was any insurance in force on the life in question, nor a waiver of any of its rights or defences.

Dated at ... (City) ... (Country) ... Signature ...

this ... day of ... 20 ... Address ... (P.O.Box)

On this ... day of ... 20 ... personally appeared before me the above named ... who is known to me and subscribed the foregoing statement before me.

American Life Insurance Company

Registered in the Commerce Register Sub. No. 3623 on 13 July 1953 - Registered in the Register of Insurance Cos. Sub. No. 30 on 29 Nov. 1956
Governed by Decree No. 9812 of May 4 1968 - Amended by Law No. 94 of 28 June, 1999