

Date: _____



THE SIGNATURE GROUP, LLC

eMail: info@signature-group.com

www.signature-group.com

IMMEDIATE APPROVAL FORM

Call Toll Free: 1-877-547-6998

FUNERAL HOME INFORMATION

FROM: (Funeral Home)

Contact Person:

Phone Number:

Fax Number:

DECEASED INFORMATION:

DECEASED NAME: (As It Appears on Policy)

SS#

Date of Birth:

Date of Death

Cause of Death:

Natural Homicide Accident Other

Policy Available? _____ Policy Lost? _____ (if, lost, please fill out Lost Policy Affidavit)

POLICY INFORMATION

Policy #1: _____ Insurance Co. _____

Policy #2: _____ Insurance Co. _____

Policy #3: _____ Insurance Co. _____

Policy #4: _____ Insurance Co. _____

Policy #5: _____ Insurance Co. _____

NOTE: If you have verified this claim, please furnish the phone number you called for each insurance company and your contact, if there is one.

TOTAL AMOUNT OF CLAIM:

\$

Please list the Beneficiary(ies) below. If unknown, check here ()

Policy #1: _____ Policy #2: _____

Policy #3: _____ Policy #4: _____

Policy #5: _____ Policy #6: _____

NOTE: Upon receipt of the above information, we will begin our approval process. As soon as approved, you will be notified. NO CHECK WILL BE ISSUED UNTILL FULL DOCUMENTATION IS RECEIVED.

SG Fax: (256) 547-0623