THE MARITIME FINANCIAL GROUP

MARITIME LIFE (CARIBBEAN) LIMITED

P.O. Box 710, Port of Spain, TRINIDAD

CLAIMANT'S STATEMENT FOR DEATH BENEFIT

1. Name of deceased: ……. 2. Occupation: ……..……..……
3. Address of the deceased: ……..….
4. Date of Birth of the deceased: ……. 5. Place of Birth of the deceased: ……..……..
6. Date of death: …… 7. Place of death: ……..
8. Policy Number/s: ……..… 9. Amount/s ……..

…… …..……..…..……

10. Was/Were policy/policies assigned? Yes ( ) No ( )
11. If Yes, to whom? ……..
12. Did the deceased have any other insurance with other company/companies? Yes ( ) No ( )
13. If yes, state name of company/companies

Company	Amount

14 When did deceased first complain of last illness? ……..……..
15. When did deceased first consult a physician for last illness? ……..…..……
16. On what date did deceased last attend to usual work? ..……..
17. Give names and addresses of other physicians or practitioners who attended the deceased during the last year prior to death, or during last illness.

Name	Address

18. Was the deceased married? Yes ( ) No ( ) 19. Is spouse alive? Yes ( ) No ( )
20. Did deceased leave any surviving children? Yes ( ) No ( )
21. In what capacity or by what title do you make this claim? ……..……
22. What is your exact age? …… 23. Date of Birth? ……. 24. Address? ……..……..
25. Do you wish to leave the insurance money or any part of it, on deposit with the Company under one of the Optional settlements? Yes ( ) No ( )
26. If yes, state which option ……..

I/We hereby authorise and request all medical practitioners who may have attended or examined the late …… and all hospitals, government authorities, or pension boards to furnish MARITIME LIFE (CARIBBEAN) LIMITED all information in their possession or within their knowledge in regard to the deceased's health.

I hereby declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete, that I have withheld no material facts from the Company and that the foregoing answers and statements are made with the object of securing payments to me of the proceeds of the above-policy/policies.

Dated this …… day of ……. 20……

Claimant ……..……

Address ……..

Claimant ……..……

Address ……..……..

STATEMENT OF WITNESS

I declare that the person who Subscribed his/her Signature did so in my presence and is known to me.

WITNESS ……..……

Address ……..……

THIS ISSUE OF THIS FORM IS IN NO WAY AN ADMISSION OF LIABILITY