

Notice of Death - Credit



Securian Financial Group, Inc.
 Minnesota Life Insurance Company
 Benefit Services • PO Box 64114, St. Paul, MN 55164-0114
 1-800-328-9442 • Fax 651-665-7979

Legal name of deceased	Date of birth (mo/day/yr)	Date of death (mo/day/yr)
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Other names by which the deceased has been known, if any

Address (street, city, state, zip)

I - ATTACHMENT REQUEST

- | | |
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| <p>1. Verification of Coverage:
 We need information to verify the insurance coverage. Please send a copy of all insurance applications for this insured.</p> | <p>2. Certified Death Certificate:
 A certified copy of the official death certificate is needed for proof of death.
 Do you have possession of the certified death certificate?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, please send a copy of the certified death certificate with this form. • If no, please forward the certified death certificate upon receipt. |
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II - GENERAL LOAN INFORMATION - Please complete for all loans. (Please complete another form if more than three loans.)

	LOAN A	LOAN B	LOAN C
DATE OF LOAN APPROVAL			
LOAN NUMBER			
ORIGINAL AMOUNT OF LOAN	\$	\$	\$
TYPE OR PURPOSE OF LOAN			
INTEREST RATE			
AMOUNT OF MONTHLY REPAYMENT	\$	\$	\$
DATE OF FIRST PAYMENT			
DATE LAST LOAN PAYMENT WAS MADE PRIOR TO DATE OF DEATH			
PRINCIPAL BALANCE ON THE DATE OF DEATH (Do not include accrued interest)	\$	\$	\$
DATE PREMIUM LAST CHARGED			
Is the loan a refinance of a previously insured loan? If yes, please submit copies of the current and previous loan notes and insurance applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number? _____ Previous loan approval date.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number? _____ Previous loan approval date.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous loan number? _____ Previous loan approval date.

III - CLOSED END LOANS ONLY - Please complete for Closed End Loans.

TERM OF LOAN			
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****See Reverse Side****

IV - OPEN END LOANS ONLY - Please complete for Open End Loans. List all advances made within one year prior to death. You may attach ledgers for advance information. (If none, check box)

DATE OF ADVANCE			
AMOUNT OF ADVANCE	\$	\$	\$
DATE OF ADVANCE			
AMOUNT OF ADVANCE	\$	\$	\$
DATE OF ADVANCE			
AMOUNT OF ADVANCE	\$	\$	\$

I certify that the information provided above is true and correct to the best of my knowledge.

Name of lending institution	Policy number (and unit number if applicable)
Address (street, city, state, zip)	Telephone number and extension Ext
Name of authorized representative	Email address
Signature of authorized representative X	Date signed

For your protection, state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.