



American Bankers Insurance Company of Florida  
American Bankers Life Assurance Company of Florida

Financial Claims, P.O. Box 7000, Kingston, Ontario K7L 5V3  
Telephone: 1-800-361-5344  
Fax: 1-800-645-9405

PLEASE PRINT

**ESTATE FORM**

**In an effort to protect the privacy of our customer, we respectfully request the following information when completing a Life claim:**

**WILL INCLUDED**

I hereby declare that \_\_\_\_\_ is the person acting in the capacity of Executor of the Estate of \_\_\_\_\_.

Relationship to the customer: \_\_\_\_\_.

**NO WILL**

I hereby declare that \_\_\_\_\_ is the person acting in the capacity of Executor of the Estate of \_\_\_\_\_.

Relationship to the customer: \_\_\_\_\_.

**FAMILY MEMBER REQUEST**

I hereby declare that I, \_\_\_\_\_ am requesting the information in the capacity of [spouse / child / grandchild] of the deceased.

Relationship to the customer: \_\_\_\_\_.

**CAUSE OF DEATH:**

**CLAIMANT'S AUTHORIZATION**

I certify that the above information is true and correct.

CLAIMANT'S SIGNATURE:

x

DATE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YY

WITNESS' SIGNATURE:

x

DATE:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YY

**Please include this document when returning your claim forms.**

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