

a) Policy number(s):	
b) Your full name (please print):	
c) Your address:	
d) Your date of birth:	_ _ _ _ _ _ _

1. I declare that the Will made on _____
 or that the testamentary clause part of the marriage contract dated _____
 is the last Will and Testament of _____
Full name of the deceased (please print)

2. I also declare that the marital status of the deceased was at time of death:

 (single, married, widowed, de facto separated, legally separated, divorced)

3. If the deceased was **married** or **separated**, please give the name of the last spouse:

Full name (please print)

DECLARATION AND SIGNATURES

I, the undersigned, hereby certify that the answers to the above questions have been recorded correctly and that to the best of my knowledge they are true and complete. I declare that they shall have the same force and effect as if they were made under oath.

Signed at _____ on this _____ day of _____ 20 _____

Claimant's full name (please print)

Witness' full name (please print)

Claimant's signature

Witness' signature