

1009 ACCIDENTAL DEATH BENEFIT ACTIVATION

COMPLETE FIELDS #1 THROUGH #24

PRINT THE FORM AFTER COMPLETING THE ABOVE INDICATED FIELDS

SIGN AND DATE THE BOTTOM

ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE

ATTACH THE MEDICAL EXAMINERS REPORT IF THERE IS ONE

ATTACH THE POLICE REPORT IF THERE IS ONE

RETURN ALL OF THE INFORMATION TO:

**PEKIN LIFE INSURANCE COMPANY
ATTN: FINANCIAL PRODUCTS BENEFITS DEPT.
2505 COURT STREET
PEKIN IL 61558**

309-346-1161, x2521

Accidental Death Benefits Activation Form

FINANCIAL INSTITUTION – COMPLETE THIS SECTION BEFORE GIVING FORM TO PROTECTED BORROWER

Name of Insured in full _____
 Customer ID number _____ Term of Loan _____ Loan Date _____
 Creditor _____ Agent # _____
 Completed by _____ Title _____ Date _____ Phone _____
 Loan Balance as of the date of death \$ _____

Please complete all fields. Missing information may cause processing delays.

Protected Borrower Information/To be completed by the person requesting activation.

1. Customer ID Number		2. Last 4 Digits of Social Security Number		3. Date of Birth	
4. Protected Borrower's Last Name			5. First Name		6. Middle Initial
7. Address		8. City		9. State	10. Zip
11. Accident Date (mo-day-yr)		12. Cause of Death			
13. Describe accident in detail, include location. If you need additional space, use the back of this form.					
14. Was a medical examiner's report completed as a result of the death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the report is required; please send a copy					
15. Was a police report completed as a result of the death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the report is required; please send a copy					

Your Information/To be completed by the person requesting activation

16. Your Last Name		17. First Name		18. Middle Initial	
19. Address		20. City		21. State	22. Zip
23. Phone Number	24. What is your relationship to the deceased?				

Authorization: I certify that the above information is true and correct. I authorize any organization or person having any records, data or information concerning this claim to furnish such records, data or information to Pekin Insurance, or its authorized representative as requested. I understand in executing this authorization, I waive the right for such information to be privileged. A photocopy of this authorization shall be effective and valid as the original.

Any person who knowingly and with intent to defraud, files a statement containing any materially false information, or conceals for the purposes of misleading, information concerning any material fact, may commit a fraudulent, criminal act, and may be subject to criminal prosecution and civil penalties.

Signature of person requesting activation _____
Date

Please sign and return the completed Benefits Activation Form along with a certified copy of the death certificate to: Pekin Life Insurance Company, Financial Products Benefits Activation, 2505 Court Street, Pekin, IL 61558.