



CREDITOR NOTIFICATION OF DISABILITY

REQUEST FOR CLAIM FORM

Claimant's Name: _____ Account Number: _____ Date of Last Premium Pmt: _____

Complete Address: _____

Social Security #: _____ Date of Birth: _____ Date of Disability: _____

LOAN(S) INFORMATION

NOTE: Please provide **ALL** cash advances 6 months prior to Date of Disability

Loan # or Certificate #	Loan # or Certificate #	Loan # or Certificate #
Effective Date of Loan:	Effective Date of Loan:	Effective Date of Loan:
APR:	APR:	APR:
Payment Freq.	Payment Freq.	Payment Freq.
Scheduled Payment	Scheduled Payment	Scheduled Payment
\$	\$	\$
Outstanding balance(as of date Of Disability)	Outstanding balance(as of date Of Disability)	Outstanding balance(as of date Of Disability)
Advance Date:	Advance Date:	Advance Date:
\$	\$	\$
Advance Date:	Advance Date:	Advance Date:
\$	\$	\$
Advance Date:	Advance Date:	Advance Date:
\$	\$	\$

Credit Union: _____ Telephone #: _____

Authorized Signature: _____ Date: _____

Mail Completed Form To: 2721 N. Central Ave – Phoenix, AZ 85004
 Phone 800-585-5821 - Fax 602-263-6993