575 D'Onofrio, Suite 100 * Madison WI 53719
Policyholder Services: 866-641-9999
Fax: 877-584-2777
Email: LifeClaims@OxfordLife.com
Website: oxfordlife.com

NON-CONTESTABLE LIFE CLAIM REQUIREMENTS

If the policy was owned by the Owner for ***two years or more*** prior to the day of the passing of the Insured, the following information is required:

- **Completed Life Claim Form**
  Each Beneficiary must complete his or her own Life Claim Form
- **Certified copy of the death certificate**
  Must indicate the final cause of death
- **If available, a copy of the Funeral Home invoice, obituary, or cremation certificate**
- **Beneficiary Identification, Proof of Address, and banking account information**
  See Page 1 of the Life Claim Form for specific requirements
- **A certified copy of the Death Certificate for any deceased Beneficiary(s)**
- **If the Beneficiary is an ESTATE, please submit legal documentation over the estate**
- **If the Beneficiary is a TRUST, please submit ALL pages of the Trust documents**
  Please download, complete, and submit a "Certification of Trustee Powers" form from OxfordLife.com
- **Assignment of Policy Proceeds form (OPTIONAL)**
  This form is only required if the beneficiary intends to assign full or partial proceeds to any individual, cemetery, funeral home, or other corporation
- **W-9 form (OPTIONAL)**
  Form W-9 completed by the party in which proceeds are being assigned
  Applicable only if proceeds are or will be assigned to any individual, cemetery, funeral home, or other corporation