

**THIS FORM MUST BE COMPLETED IN FULL BY THE CREDITOR**

**GUARANTEE TRUST LIFE INSURANCE COMPANY**

Credit Claim Service Center  
P.O. Box 1145  
Glenview, IL 60025  
Phone: 800-592-0629  
Fax: 847-460-2962

Office Hours:  
7:00 A.M. to 5:00 P.M CST Monday thru Thursday  
Friday: 8:00 A.M. to Noon CST

**CREDITOR BENEFICIARY'S STATEMENT**

Insured Borrower: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Certificate Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Term (Months): \_\_\_\_\_

**(Please attach a copy of the certificate of insurance)**

Use Member Number and Outstanding Balance Coverage

1<sup>st</sup> Payment Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interest Rate: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

1. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Original Amount of Indebtedness: \$ \_\_\_\_\_
5. \*Net Amount Due Creditor including interest as of the Date of Death: \$ \_\_\_\_\_

**Life Insurance premium is earned and not refundable on death claim.**

\* To comply with certain state laws, our payoff to a creditor must be for the net amount due (Gross amount less unearned interest and/or advanced payments.) Please advise us of this amount. Any remaining balance is payable to the second beneficiary, if named, otherwise to the Insured Borrower's Estate.

I hereby certify that the information shown is true and correct with respect to the benefits claimed, and I further certify that the attached **original or raised seal copy of the death certificate** identifies this Insured Borrower. In the event the undersigned Creditor is also the Agent of Record on the Certificate of Insurance, the undersigned additionally certifies that the appropriate refund of unearned disability premium has been made in the amount of:

\$: \_\_\_\_\_

To: \_\_\_\_\_

Creditor Beneficiary: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Creditor Phone #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**CREDITOR SIGNATURE IS REQUIRED**