

CONFIDENTIAL PERSONAL INFORMATION

Request Form

Requestor's Contact Information

DATE OF REQUEST: _____

LAST NAME: _____ MIDDLE: _____ FIRST: _____

STREET: _____ CITY: _____ STATE: _____ COUNTY: _____

EMAIL ADDRESS: _____ DAYTIME PHONE: _____

Information about the Deceased

LAST NAME: _____ MIDDLE: _____ FIRST: _____

OTHER LEGAL NAMES USED: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____ Social Security # (Last four #'s only): _____

Last Known Address

STREET: _____ CITY: _____ STATE: _____ COUNTY: _____

Previous Addresses

STREET: _____ CITY: _____ STATE: _____ COUNTY: _____

STREET: _____ CITY: _____ STATE: _____ COUNTY: _____

Relationship of Requestor to Deceased (Check all that apply)

Spouse ___; Executor or Legal Representative ___; Child ___; Attorney ___; Other _____

I understand that the Tennessee Insurance Division's role with this request is to forward to all Tennessee licensed life insurance companies the submitted information. I further understand that the company may require additional information from me, including a copy of the death certificate and documentation of my legal authority to request or obtain information about the deceased. I understand that a company will respond directly to me only if they have reason to believe that the deceased has individual/group policies or annuity contracts with them and I am legally authorized to receive this information.

For privacy and protection of confidential personally identifiable information, I understand all documents I submit to the Tennessee Insurance Division will not be returned. I further understand all documents I submit with this request will be destroyed pursuant to the Division's record retention schedules.

I certify that the information I have provided is complete and accurate to the best of my knowledge.

___ I have provided a copy of the death certificate of the deceased.

Requestor's Signature: _____ Date: _____

How did you Hear About the Lost Policy Service: Please check all that apply below:

Website___ Billboard___ Brochure___ Agent/Agency___ Friend___ Family___ Local Event___ Other_____