



American General Life and Accident Insurance Company

Proof Of Death

USE THIS FORM ONLY WITH CLAIMS FOR NATURAL DEATH BENEFITS OF \$15,000.00 OR LESS ON INCONTESTABLE POLICIES

To be completed by licensed practicing physician, coroner, or funeral director

I certify that _____, Social Security Number _____, the insured/beneficiary named in policy _____ died on _____, _____. The date of birth is _____, _____. This person died at _____

The principal cause of death was _____

Date _____

PHYSICIAN-CORONER FUNERAL DIRECTOR (Strike out titles not applicable)

Print Name: _____

Witness _____

Address

Print Witness Name _____

City State Zip Code

Phone # _____

Phone # _____