

LIFE POLICY LOCATOR SERVICE

REQUESTOR'S CONTACT INFORMATION

PLEASE WRITE OR TYPE CLEARLY IN BLACK OR BLUE INK

DATE OF REQUEST _____

LAST _____ MIDDLE _____ FIRST _____

STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL ADDRESS _____ DAYTIME PHONE _____

INFORMATION ABOUT THE DECEASED

LAST _____ MIDDLE _____ FIRST _____

OTHER LEGAL NAMES USED _____

DATE OF BIRTH _____ DATE OF DEATH _____ LAST FOUR OF SOCIAL SECURITY NUMBER _____

LAST KNOWN ADDRESS:

STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

PREVIOUS ADDRESSES:

STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

RELATIONSHIP OF REQUESTOR TO DECEASED

(check all that apply)

- Primary Beneficiary Contingent Beneficiary Spouse Executor or legal representative Child Attorney
 Other _____

I certify that I have made a diligent search of the deceased person's records and property, including bank statements and safety deposit boxes, and have asked family members to identify all individual life policies or individual annuity contracts that I have reason to believe covered the life of the deceased person named above. I understand that life insurance companies will respond directly to me only if they have reason to believe the deceased has any individual policies with them and I am authorized to receive this information.

I further understand that the Oklahoma Insurance Department's only role with this request is to forward to all Oklahoma licensed life insurance companies this completed form and any associated documentation. I understand that an insurance company may require additional information from me, including documentation of my legal authority to request or obtain information about the deceased.

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

I certify that the information I have provided is complete and accurate.

Requestor's Signature _____

I have provided a copy of death certificate of the deceased

PLEASE send copies. Do not send original documents.