

# 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 \_\_\_\_\_ 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)

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 a 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