

Statement of Beneficiary’s Demise

Date:

To Whom It May Concern,

I, , hereby declare that the beneficiary, , whose relationship to me is , has passed away on at .

The following documents are attached to confirm the demise:

- ☐ Death Certificate
- ☐ Medical Report
- ☐ Other (please specify):

I certify that the information provided above is true and correct to the best of my knowledge.

Declarant's Name:

Signature:

Date: