



**National Integrity Life  
Insurance Company**

A member of Western & Southern Financial Group

**NOTIFICATION OF DEATH OF OWNER**

**Dept 1600**

PLEASE ATTACH A COPY OF THE DEATH CERTIFICATE OR OTHER SUCH PROOF OF DEATH AND SUBMIT REQUEST TO ADMINISTRATIVE OFFICE, 400 BROADWAY, CINCINNATI, OH 45202. **DO NOT SUBMIT THIS FORM WITHOUT PROOF OF DEATH.**

<b>NAME OF DECEASED OWNER</b>		<b>DATE</b>
POLICY NUMBER	INSURED	
POLICY NUMBER	INSURED	
POLICY NUMBER	INSURED	
POLICY NUMBER	INSURED	
POLICY NUMBER	INSURED	

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. HAS AN ESTATE BEEN FILED IN PROBATE COURT FOR THE DECEASED OWNER? IF YES, PLEASE ATTACH A COPY OF THE LETTERS OF ADMINISTRATION.

YES  NO

2. HAVE THE POLICY/POLICIES BEEN AWARDED TO ANYONE THROUGH THE PROBATE OF THAT ESTATE?

YES  NO

IF YES, PLEASE PROVIDE:

NAME:

ADDRESS:

PLEASE ATTACH THE FINAL ORDER OF DISTRIBUTION OR OTHER SUCH DOCUMENTS.

3a. DOES THE DEATH CERTIFICATE NAME A SURVIVING SPOUSE?

YES  NO

3b. IS THAT SPOUSE STILL LIVING?

YES  NO

IF YES, PLEASE PROVIDE:

NAME:

ADDRESS:

IF NO, PLEASE PROVIDE PROOF OF SPOUSE'S DEATH.

**ADDITIONAL COMMENTS:** PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MIGHT BE RELEVANT TO AN OWNERSHIP DETERMINATION (E.G. GUARDIANSHIPS, ANYONE REQUESTING TO BE OWNER, POLICY NUMBER ON WHICH A DEATH CLAIM WAS PAID FOR THE DECEASED OWNER).

<b>SIGNATURE OF AGENT/CLERICAL/WITNESS</b>	<b>DATE</b>
--	-------------

**IF THERE IS A NAMED SUCCESSOR OWNER FOR ANY OF THE ABOVE POLICIES, UPON RECEIPT OF PROOF OF DEATH FOR THE DECEASED OWNER, THE SUCCESSOR OWNER WILL BE RECOGNIZED AS THE NEW OWNER AND THE OWNERSHIP CHANGE WILL BE COMPLETED.**

**YOU WILL BE CONTACTED IF MORE INFORMATION IS NEEDED. WE WILL NOTIFY YOU ONCE WE HAVE RECOGNIZED A NEW OWNER, AND WE WILL CONTACT THE NEW OWNER ONCE THE OWNERSHIP CHANGE HAS BEEN COMPLETED.**