

# DEATH CLAIM DEPOSIT AUTHORIZATION FORM

Your Directors Life Assurance Company funeral home death claims may now be directly deposited into your funeral home's bank account. Please complete the information below and return with your completed death claim form.

I \_\_\_\_\_ (signor and/or owner on bank account) authorize Directors Life Assurance Company to deposit the death claim benefits into \_\_\_\_\_ Funeral Home's bank account as indicated below.

Name of Funeral Home: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone of Funeral Home: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Money Market  
\_\_\_\_\_ Other

Name of Financial Institution \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number of Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Death Claim Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Signature of Funeral Home Authorized Representative \_\_\_\_\_

Dated: \_\_\_\_\_

**DIRECTORS LIFE ASSURANCE COMPANY**  
P.O. Box 20428  
Oklahoma City, OK 73156

405-842-1234  
800-256-8003  
405-842-4998 fax