

Persons Eligible to Submit Requests



Representative of decedent's estate (executor, administrator or small estate administrator) or surviving spouse;

If no estate representative has been appointed (and one is not expected to be appointed) and there is no surviving spouse, then a child of the decedent may submit a request;

If there is no estate representative, surviving spouse or child, then the decedent's closest living relative or another person with a close family or personal relationship to the decedent may submit a request; provided that in the latter situation such person has a good faith belief that he or she has an interest in a life insurance policy on the decedent and such person would be considered a person whom the decedent would be reasonably expected to designate as a beneficiary of a policy (the person would be "the natural object of the decedent's bounty").

Instructions

1. Complete Information Section.
2. Mail:
 - This completed, **notarized** form;
 - **Original Death Certificate** for the Decedent (required);
 - **Check or money order** payable to MIB Solutions, Inc. in the amount of **\$75 U.S.**

To: MIB Solutions, Inc., Attn: Policy Locator Service, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734

Information Section (All information required)

Decedent

_____, _____, _____
Last Name First Name Middle Name

Date of Birth (mm/dd/yyyy) Place of Birth (State/Province, Country) Residence (State/Province, Country)
Other names used by decedent: _____, _____

Requestor (Must meet eligibility criteria above)

_____, _____, _____
Last Name First Name M.I. Relationship to Decedent

Address (Street/P.O. Box) City/Town

State/Province Country (if outside U.S.) Zip Code Tel. No. (area code first)

Important Terms

Requestor is solely responsible for the accuracy and completeness of Information Section. Policy Locator Service (PLS) makes no representations or warranties, express or implied, that the decedent was insured under any life insurance policies; that such policies, if any, are currently in force; or that Policy Locator Service will be able to locate such policies even if one or more exist. Requestor understands and acknowledges that policy proceeds, if any, are payable to the beneficiary of record. Finally, requestor agrees to the limitation of liability provision found on the PLS web page www.policylocator.com (landing page for this service).

Certification

I certify: 1) I am authorized or entitled to request the Policy Locator Service; 2) that the information provided above is complete and accurate; and 3) that I have read and agree to the "Important Terms" as stated above. The undersigned Requestor agrees to hold MIB Solutions, Inc. free and harmless from any claims or liabilities that it may suffer as a result of any misstatement by Requestor or any allegation that Requestor was not authorized to submit a request and receive a report from MIB Solutions, Inc.

Requestor _____ Signed at _____, _____, this _____ of _____, 20____.

Verification before Notary Public

State Of _____, City/County Of _____
Before me, a Notary Public, personally appeared the Requestor named above on this _____ day of _____, 20____, and he/she stated that the above information and statements are true to the best of his/her knowledge and belief.

[Stamp/Seal]

Notary Public _____

My commission expires: _____
mm/dd/yyyy