

The North Carolina Department of Insurance can help consumers try to locate and identify individual life insurance policies or annuity contracts of a deceased policyholder.

WHO CAN SUBMIT THE REQUEST?

- Individuals who believe they are beneficiaries, or
- An executor or legal representative of a deceased individual who may have lived in North Carolina when a policy was issued or annuity was purchased.

HOW TO SUBMIT A REQUEST

To help us assist you with your request, please follow these steps:

- Provide all of the requested information on the form below.
- Sign the completed form in front of a notary public (someone licensed or appointed to make sure that the correct person is signing a document).
- Attach an original certified death certificate.
- Mail the completed/notarized form and death certificate in an envelope marked “CONFIDENTIAL” to one of the following addresses:

By regular mail:

N.C. Department of Insurance
Consumer Services Division, Life Policy Locator
1201 Mail Service Center
Raleigh NC 27699-1201

By FedEx, UPS, etc.

N.C. Department of Insurance
Consumer Services Division, Life Policy Locator
325 N. Salisbury Street
Raleigh, NC 27603

WHAT HAPPENS NEXT?

Upon receipt of your completed request form and death certificate, the Department of Insurance will:

- Forward the completed form, any attachments, and the death certificate to all North Carolina-licensed life insurance companies.
- Ask that the companies search their records to determine whether or not they have any individual life insurance policies or individual annuity contracts in the name of the deceased.
- Ask that they respond directly to the requestor only if they have any individual life insurance policies or annuity contracts naming the deceased, and if the requestor is authorized to receive this information.

QUESTIONS

- For additional assistance, please call our Consumer Services division at 855-408-1212 (toll free in N.C.) or at 919-807-6750.

To help us assist you with your request, please follow these steps:

1) Complete and print both pages of this form, 2) sign the form in front of a notary public (someone licensed or appointed to make sure that the correct person is signing a document), 3) attach an original certified death certificate, and 4) mail in an envelope marked "CONFIDENTIAL" to one of the following addresses:

By regular mail:

N.C. Department of Insurance
Consumer Services Division, Life Policy Locator
1201 Mail Service Center
Raleigh NC 27699-1201

By FedEx, UPS, etc.:

N.C. Department of Insurance
Consumer Services Division, Life Policy Locator
325 N. Salisbury Street
Raleigh, NC 27603

A. REQUESTOR'S CONTACT INFORMATION		
Date of Request:		
Name (last, first, middle:)		
Address:		
City:	State:	ZIP Code:
County:	Email Address:	Day Phone:
B. DECEASED'S INFORMATION		
Deceased's Name (last, first, middle:)		
Other Legal Names Used (such as a maiden name:)		
Date of Birth:	Date of Death:	SSN:
Last Address:		
City:	State:	ZIP Code:
Previous Address:		
City:	State:	ZIP Code:
Previous Address:		
City:	State:	ZIP Code:
C. RELATIONSHIP OF REQUESTOR TO DECEASED (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Spouse <input type="checkbox"/> Executor or legal representative <input type="checkbox"/> Child (18 or older) <input type="checkbox"/> Attorney		
<input type="checkbox"/> Other (Specify:) 		

D. REQUESTOR'S CERTIFICATION & NOTARIZED SIGNATURE

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 life policies or 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 that the deceased has any policies with them **and** that I am authorized to receive this information.

I further understand that the Department of Insurance's only role with this request is to forward all North Carolina licensed life insurance companies this completed form and a certified death certificate. I understand that the company may require additional information from me, including documentation of my legal authority to obtain information about the deceased.

For privacy and protection of confidential personally identifiable information, I understand that all original documents I submit to the North Carolina Department of Insurance will not be returned. I further understand that all original documents that I submit with this request will be destroyed pursuant to the Department's record retention schedules.

I certify that the information that I have provided is complete and accurate.

Requestor's signature _____

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

By: _____
Notary Public Printed Name Notary Signature

Notary Seal:

Notary public, state of _____ My commission expires _____

My notary commission is recorded in the county of _____