

INSTRUCTIONS

The Beneficiary's Statement must be made by the party or parties to whom the insurance is payable. If Beneficiary is a minor or the Estate of the Insured, the Statement must be completed by the guardian, executor or administrator and a certified copy of such appointment must be furnished. If any Beneficiary predeceased the Insured their Certificate of Death must be furnished.

The Physician's Statement should be made by the physician who last attended the Deceased during the last illness.

A certified copy of the Death Certificate will be considered in lieu of the Physician's Statement if death occurred after the policy has been in force for more than two years.

When an official inquiry as to cause of death has been made, a copy of the verdict or finding, duly certified, must be furnished with this Statement.

Every question must be distinctly and fully answered. The Company reserves the right to require or to obtain further information should it be deemed necessary.

Before having these statements completed, see that the instructions are carefully read and understood by the persons who are required to answer the questions contained herein.

**A CERTIFIED COPY OF THE DEATH CERTIFICATE AND THE POLICY
MUST BE SENT TO THE COMPANY WITH THIS STATEMENT**

If the policy contains a Children's Convertible Term Rider or a Family Term Rider, it is not necessary to return the policy. If the Insured is deceased please furnish a statement of all living children, step-children and legally adopted children and dates of birth.

STATEMENT OF FUNERAL SERVICES FOR _____	Date of Service	\$ _____
	Merchandise and Professional Service	\$ _____
	Cash advances made on behalf of the Family	\$ _____
	Total	\$ _____
	Of the above total, there remains unpaid	\$ _____

The undersigned Funeral Director declares that he furnished merchandise and services for the funeral of the named Deceased as stated.

Date _____	Name of Funeral Director _____	
	By _____	Title _____
	Address _____	
	City _____	State _____ Zip Code _____

ASSIGNMENT OF BENEFITS FOR FUNERAL SERVICES

I, the Beneficiary of the policy described on the reverse side, hereby authorize the Golden State Mutual Life Insurance Company to pay the above named Funeral Director \$ _____ and any and all refund of insurance premiums is so applicable.

Date _____	Beneficiary's Signature _____
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