



Deceased Member Information Sheet

Deceased Member's Information

Member Name: _____

Social Security #: _____

Member Number: _____

Please check off the appropriate boxes and fill out your information below:

- | Title | Relationship |
|---|----------------------------------|
| <input type="checkbox"/> Executor/Executrix | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Administrator/Administratrix | <input type="checkbox"/> Child |
| <input type="checkbox"/> Next of Kin | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Sibling |

Name: _____

Address: _____

Preferred Contact #: _____ Email: _____

Signature: _____ Date: _____

Please note: Original Death Certificate and/or Short Certificate must be evaluated by American Heritage. The account and all documentation will be reviewed in its entirety prior to disbursement of funds. Additional documentation may be required depending on account balance, account type, deceased member's residence, and/or loan relationships. Accounts may be subject to an Inheritance Tax.