CITI® PAYMENT SAFEGUARD

P.O. Box 901016 Fort Worth, TX 76101-9769

CLAIMS 2301

Telephone: 1-877-242-5987 (TTY: Use Relay Service) Fax: 1-817-820-5908

DEATH BENEFIT FORM	
Cardmember's First Name MI Last Name	
Account Number	
INSTRUCTIONS FOR BENEFIT SUBMISSION 1) Complete the information below, date and sign as indicated.	
2) Attach a certified copy of Death Certificate.	
3) All dates must include the MONTH, DAY and YEAR.	
4) Benefit processing may be delayed if all information is not provided.	
5) If the deceased person is not the Cardmember or an authorized card user, attach pay stubs for both the Cardmember and Deceased Person to this form as evidence that you lived in the same household and to compare your employment income. If pay stubs do not reflect your address, also attach copies of your driver's licenses.	
Note: Altered forms will not be accepted. Please allow 15 days after mailing for processing fully completed benefit forms. If you have any questions call Payment Safeguard Processing Center toll free at 1-877-242-5987 (TTY: Use Relay Service).	
SECTION A CARDMEMBER'S INFORMATION	
Cardmember's Address City State ZIP	
Cardmember's Date of Birth Cardmember's Telephone #	

In our effort to provide quality service, our Customer Service telephone lines are subject to service monitoring.

CARDMEMBER'S NAME	ACCOUNT/CLAIM#	
SECTION B PROVIDE THE FOLLOWING INFORMAT	ION REGARDING THE DECEASED PERSON	
Name of Deceased	Date of Birth	
Address of Deceased	City State 7ID	
Address of Deceased	City State ZIP	
Cause of Death	Date of Death / / /	
If Due to Accidental Injury, Date of Injury	/ /	
SECTION C PROVIDE THE FOLLOWING INFORMAT DEATH	ION REGARDING THE PERSON REPORTING THE	
Name of Person Reporting Death	Your Telephone #	
Your Relationship to Cardmember	Your Relationship to Deceased	
Your Address	City State ZIP	
I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief. Any person who knowingly and with intent to defraud any corporation or person, files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent act, which is a crime, subject to criminal prosecution and civil penalties.		
Signature of Person Reporting Death	Today's Date	