



## Sterling Utilities Plus, Inc.

"We Pay Your Bills When You Can't!"

### Death Payment Request Form

Please complete all of the information below, sign and date, and have your signature notarized. Mail the completed form in with the necessary documentation to:

Sterling Utilities Plus, Inc.

**Attention: Protection Verification**

P.O. Box 300652

Houston, Texas 77230-0652

(281).596.4488 (fax)

\*\*Please fill in **ONLY** the appropriate section of the protection needed.

\*\*Please Write **LEGIBLE** in black or blue ink only. Failure to do so will result **IN DELAYING** the process of your protection.

Section I. Personal Information			
Last Name:	First Name	Social Security Number:	Date of Birth:
Home:	Mobile:	Work:	
Address:	City:	State:	Zip:
Section II. Doctor's Information			
Print Doctor's Name:	Date of Death: ____/____/____/		
Doctor's Signature:	***Please include an official copy of the Death Certificate.		
Doctor's Phone:	***Please include two forms of ID One must be a photo ID. It must be legible.		

Signature of Protectee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Protectee: \_\_\_\_\_

Date: \_\_\_\_\_

State of Texas County of \_\_\_\_\_

Before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 2009 personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

For Official Use Only		
Verified Doctor's Information	Date: ____/____/____	Initials: ____

PROTECTION FROM HOME TO THE BANK

By Sterling Utilities Plus, Inc. Bonded by Platte River Insurance Company