



~Notice of Death Form~

Deceased Information:

Name: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ - _____ - _____

Informants Information:

Name: _____

Address: _____

Phone Number: __ (____) _____

Relationship to Deceased: _____

Please fax or mail this form with a **copy of the Death Certificate** to the Trust Office:

Fax: (239) 936-3438

Death Beneficiary Department

5245 Big Pine Way, S.E.

Fort Myers, Florida 33907

If you wish to assign benefits to a funeral home, please have the funeral home contact the Trust Office at (239) 936-6242.

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