**Record of Benefits in Case of Death**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance | Policy # | Beneficiary | Insurance agent or Contact phone number | Amount of Loan, if any | Face Amount of Loan Insurance |
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Total Amount of insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less any Outstanding loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net amount of insurance available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Death & Burial Allowance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Admin Death and Burial Allowance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Death benefits from other sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly TPAF Pension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**