



State of New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

Annuity and Life Policy Locator Service

Program Mission

The goal of the New Hampshire Insurance Department's Policy Locator Service is to connect policy beneficiaries with insurance companies, in order to assist residents and their families in locating annuity contracts or life insurance policies of deceased policyholders.

Who may submit a request?

An executor or legal representative of a deceased individual who may have lived in New Hampshire when a policy was issued or annuity was purchased

Individuals who believe they are beneficiaries

Instructions for submitting a request:

Complete this form, sign and return it to the New Hampshire Insurance Department (NHID) with a copy of the death certificate and send by postal mail to:

Life Policy Locator at

New Hampshire Insurance Department

21 South Fruit ST, STE 14

Concord, NH 03301

Fax: 603-271-1406

or by

E-mail: consumerservices@ins.nh.gov

How does it work?

1. Complete the request form and return it with a copy of the death certificate (original or facsimile) to the NHID.
2. The NHID will forward the information you provide to all participating insurance companies which are licensed to sell annuity or life products in New Hampshire.
3. Companies search their records to determine whether they have any individual life insurance policies or individual annuity contracts in the name of the deceased.
4. Companies will notify the requestor **if a policy exists** and **if the requestor is authorized** to receive this information. If the requestor is not authorized to receive policy information, the company will follow standard procedures to locate the authorized beneficiaries of the identified policy.

NEW HAMSHIRE INSURANCE DEPARTMENT - POLICY SEARCH REQUEST FORM

Please populate this form clearly by type or using black or blue ink print

Requestor's Contact Information

Date of Request

First name

Middle Name

Last Name

Street address

Street address line 2

City

State

Zip code

Phone number

E-mail Address

Deceased's Identifying Information

First Name

Middle Name

Last Name

Suffix, if applicable

Other Legal Name Used (i.e. maiden name)

Date of Birth

Date of Death

Social Security Number

Last Address of Deceased

Street

City

State

Zip Code

Previous Address of the Deceased

Street

City

State

Zip Code

Relationship of Requestor to the Deceased (check all applicable)

Executor or Legal Representative	Spouse
Child (18 or older)	Attorney
Other	

By signing below, I certify that I have performed a diligent search effort to locate the deceased person's records and property, including bank statements and safety deposit boxes, and have asked family members to identify all individual life policies or individual annuity contracts that I have reason to believe covered the life of the deceased person named in this request. I understand that life insurance companies will respond directly to me, **ONLY IF** they have reason to believe that the deceased has any individual policies with them **AND IF I am authorized** to receive this information.

I understand that the New Hampshire Insurance Department's only role with this request is to forward the information contained within this form to all participating life insurance companies licensed in the state of New Hampshire. I understand that a company may require additional information from me including documentation of my legal authority to request or obtain information about the deceased.

I further understand that all documents that I submit to the New Hampshire Insurance Department will not be returned and all documents submitted with this request will be destroyed pursuant to the departments record retention schedules.

I certify that the information that I have provided is complete and accurate.

Requestor's
Signature

Date
