Amalgamated Life
Group • Stop Loss • Voluntary

Amalgamated Life Insurance Company
Policy Services Department
333 Westchester Avenue
White Plains, NY 10604
1-914-367-5000

AFFIDAVIT IN SUPPORT OF TRANSFER TO MINOR UNDER THE UNIFORM TRANSFER TO MINORS ACT

CLAIM NUMBER

I, _____ (Name of Custodian), being duly sworn affirm that the following are true under penalty of perjury:

1. I reside at _____ (Address) and my telephone number is _____ (Telephone Number).

2. My Social Security Number is _____.

3. I am aware of no guardian who has been appointed to receive the property of _____ (Name of Minor).

4. I am the father, mother, stepmother, stepfather, spouse, grandmother, grandfather, brother, sister, uncle, or, aunt (Circle One), by whole blood, half blood or legal adoption, of _____ (Minor Name).

5. A custodial account under UTMA to receive and hold the property of _____ (Name of Minor) has been established at _____ (Name and Address of Bank).
   The account number of the custodial account under UTMA is _____.

6. Attached are true copies of (a) the minor's social security card, and (b) the custodial account under UTMA indicating the bank account number of the most recent custodial bank account statement.

7. I understand that the property being received by me from **Amalgamated Life Insurance Company**, in my capacity as custodian for the property of _____ (Name of Minor), is for the use and benefit of said minor, and is in addition to and not a substitution for any support obligation which any person may have with respect to the minor.

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_____	_____	_____
Printed Custodial Name	Custodial Signature	Date

Sworn to me this _____ day of _____, 2_____

Notary Stamp

_____
Signature of Notary Public

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