

## ESTATE/SURVIVORS' AFFIDAVIT

**PLEASE PRINT ALL INFORMATION**

|                  |               |              |                        |
|------------------|---------------|--------------|------------------------|
| NAME OF DECEASED | POLICY NUMBER | CLAIM NUMBER | SOCIAL SECURITY NUMBER |
|------------------|---------------|--------------|------------------------|

**NOTE:** This affidavit is to be used if no beneficiary was designated or no designated beneficiary survived the deceased. It is to be completed only by the administrator or one of the persons within the first class of survivors: (a) spouse (b) children (c) parents (d) brothers and sisters.

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) SS.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_ residing at \_\_\_\_\_  
 \_\_\_\_\_ being first duly sworn, depose and state:  
 (City) (State)

|                          |   |                      |                                 |                      |
|--------------------------|---|----------------------|---------------------------------|----------------------|
| <b>ADMINISTRATOR</b>     | That I am the duly appointed administrator of the estate of the deceased.<br><br>(Print) _____ (Signed) _____   |                      |                                 |                      |
| <b>SPOUSE</b>            | That I am the surviving spouse and I am authorized to receive the death benefit herein.<br><br>Date of Birth _____ (Signed) _____   |                      |                                 |                      |
| <b>CHILDREN</b>          | That there is no surviving spouse; that I am a child of the deceased; that there are no surviving children other than myself and those listed below; and I/We are authorized to receive the death benefit herein.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Name</b></td> <td style="width: 33%;"><b>Address</b></td> <td style="width: 33%;"><b>Date of Birth</b></td> </tr> </table><br>Date of Birth _____ (Signed) _____                                      | <b>Name</b>          | <b>Address</b>                  | <b>Date of Birth</b> |
| <b>Name</b>              | <b>Address</b>  | <b>Date of Birth</b> |                                 |                      |
| <b>PARENTS</b>           | That there is no surviving spouse or child; that I am a parent of the deceased, and the other parent is listed below and I/We are authorized to receive the death benefit herein.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Name</b></td> <td style="width: 66%;"><b>Address or Date of Death</b></td> </tr> </table><br>Date of Birth _____ (Signed) _____   | <b>Name</b>          | <b>Address or Date of Death</b> |                      |
| <b>Name</b>              | <b>Address or Date of Death</b>   |                      |                                 |                      |
| <b>BROTHER OR SISTER</b> | That there is not surviving spouse, child, or parents; that I am the brother/sister of the deceased; there are no surviving brothers and sisters other than myself and those listed below and I/We are authorized to receive the death benefit herein.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Name</b></td> <td style="width: 33%;"><b>Address</b></td> <td style="width: 33%;"><b>Date of Death</b></td> </tr> </table><br>Date of Birth _____ (Signed) _____ | <b>Name</b>          | <b>Address</b>                  | <b>Date of Death</b> |
| <b>Name</b>              | <b>Address</b>  | <b>Date of Death</b> |                                 |                      |

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(Notary Public)

My commission or term expires \_\_\_\_\_