

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

I, und	er penalty of perjury:	_ (Name of Custodian), being duly sworn affirm t	hat the following are true
1.	I reside at(T	eside 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.	(Name of Minor) has been establ (Name and Address of Bank).	to receive and hold the property ofshed atdial 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.		
`	Printed Custodial Name	Custodial Signature	Date
Swo	orn to me this day of	, 2	
	Notary Stamp	Signature	of Notary Public