

PREFERENCE OF BENEFICIARY'S AFFIDAVIT

Use of this affidavit is to determine beneficiary of life insurance proceeds in cases where a beneficiary was not named or predeceased the insured. It is to be completed by the person(s) in the first class of the deceased's successive preference as follows: (1) spouse; (2) children; (3) parents; (4) brothers/sisters; (5) executor or administrator.

GROUP NUMBER _____ SOC. SEC. NUMBER _____ NAME OF DECEASED _____

State of _____ County of _____ I, _____
residing at _____ being first duly sworn, depose and state:

SPOUSE That I am the surviving spouse of the deceased name above.
Birthdate: _____ Soc. Sec. No. _____
SIGNATURE: _____

CHILDREN That the deceased named above left no surviving spouse: that I am a child of the deceased and that the deceased left no surviving children other than myself and those listed below:

| Name | Address | Soc. Sec. No. |
|-------|---------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My Birthdate: _____ Soc. Sec. No. _____
SIGNATURE: _____

PARENTS That the deceased named above left no surviving spouse or child: that I am a parent of the deceased: and that the other parent is listed below:

| Name | Address | Soc. Sec. No. |
|-------|---------|---------------|
| _____ | _____ | _____ |

SIGNATURE: _____

BROTHERS OR SISTERS That the deceased named above left no surviving spouse, child or parent: that I am the brother/sister of the deceased: and that the deceased left no surviving brothers/sisters other than myself and those listed below:

| Name | Address | Soc. Sec. No. |
|-------|---------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My Birthdate: _____ Soc. Sec. No. _____
SIGNATURE: _____

EXECUTOR OR ADMINISTRATOR That the deceased named above left no surviving spouse, child, parent, brother(s) or sister(s): and that I am the executor/administrator of the estate of the deceased. A copy of the letters of Testamentary is attached.
SIGNATURE: _____

THIS FORM MUST BE NOTARIZED

State of: _____ County of: _____

Signed or attested to before me on _____ (Date) By: _____ (Names of Person)

Notarial Officer _____
My Commission Expires: _____