

PREFERENCE BENEFICIARY AFFIDAVIT

This form is to be used in the event that an insured individual has not named a beneficiary, or the beneficiary did not survive the insured.

INSTRUCTIONS

ONLY complete this form if you are a surviving family member in this order: 1) legal spouse (including domestic partners, where applicable); 2) son or daughter; 3) father or mother; 4) brother or sister; 5) executor of the decedent's estate, if the executor is also not one of the above surviving family members. As the executor or administrator of the estate, only complete this form if none of the above listed family members survived the insured.

Complete the form by filling out the fields below and including the documentation required. Please note, this form requires the participation of a duly licensed and authorized notary public.

| | NAME | ADDRESS | DATE OF BIRTH |
|---|------|---------|-------------------------------------|
| SURVIVNG SPOUSE | | | |
| SURVIVING CHILDREN (INCLUDING LEGALIV ADOPTED CHILDREN) | | | |
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| SURVIVING PARENT | | | |
| SURVIVING SISTERS AND BROTHERS | | | |
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| | NAME | ADDRESS | TAX IDENTIFICATION NUMBER OF ESTATE |
| EXECUTOR OF DECEDENT'S ESTATE | | | |

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals, for the purpose of misleading, information concerning any fact material to such claim or application of insurance commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. These actions will result in a claim denial and such person may be subject to prosecution.

DOCUMENTATION REQUIRED

The following documents are **REQUIRED** to be submitted with this form:

I. A certified copy of the death certificate of any named beneficiary who predeceased the insured.

2. A copy of the insured's obituary or death notice.

SIGNATURE OF AFFIANT

DATE

RELATIONSHIP TO INSURED

SUBSCRIBED AND SWORN BEFORE ME ON (DATE)



MY COMMISSION OR TERM EXPIRES

