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

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)

ADMINISTRATOR	That I am the duly appointed administrator of the estate of the deceased. (Print) (Signed)
SPOUSE	That I am the surviving spouse and I am authorized to receive the death benefit herein. Date of Birth (Signed)
CHILDREN	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. **Name** **Address** **Date of Birth** Date of Birth (Signed)
PARENTS	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. **Name** **Address or Date of Death** Date of Birth (Signed)
BROTHER OR SISTER	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. **Name** **Address** **Date of Death** Date of Birth (Signed)

Subscribed and sworn to before me this _____ day of _____ 2 _____

(SEAL) _____
(Notary Public)

My commission or term expires _____

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