

AFFIDAVIT- ESTATE OR BENEFICIARY

The undersigned, being duly sworn, depose and say that:

1. I/We are familiar with the facts relating to the Estate of _____, (the "Decedent") who died on (enter date) _____ in (enter city/state) _____.

➤ A certified copy of the Decedent's death certificate: [**check one**]

is attached hereto -or-

has already been submitted to your office.

2. The Decedent held Policy Number _____ (the "Policy") that was issued by American Independent Network Insurance Company of New York (the "Company"), at the time of Decedent's death.

3. I/We are the individual(s) legally entitled to share in the Estate, as listed below: *(attach additional sheets if necessary)*.

Name	Address & Telephone #	Relationship to Decedent	Percentage %

4. I/We hereby request that any Policy payments due to which the Estate is otherwise entitled (the "Policy Proceeds") be paid directly to me/us.

5. I/We confirm that:

1. None of the above-mentioned individuals is an incompetent;
2. All taxes, funeral expenses, debts and claims against the Estate are settled or will be paid by the undersigned; and
3. No person or entity other than the undersigned has any right, title, claim, or interest in the Policy Proceeds.

(Please turn page over and complete reverse side.)

American Independent Network Insurance Company of New York

