

**AFFIDAVIT TO OBTAIN PAYMENT OF INSURANCE PROCEEDS**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

We/I, being duly sworn, depose and say that:

1. The undersigned is/are the survivor/survivors of \_\_\_\_\_, lately domiciled in \_\_\_\_\_.
2. Said decedent died on \_\_\_\_\_.
3. No fiduciary has qualified or has been appointed to administer the estate of the decedent.
4. At the time of \_\_\_\_\_ death, there was due owing the Estate of the Decedent from American-Amicable Life Insurance Co. of Texas the sum of :  
\$ \_\_\_\_\_ ( \_\_\_\_\_ ),  
representing benefits payable in accordance with the provisions of Policy No. \_\_\_\_\_.
5. The undersigned desires that payment be made to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ in  
full satisfaction of the aforesaid debit due and owing the Estate of the decedent.

The undersigned specifically releases American-Amicable Life Insurance Co. of Texas from all liability under Policy No. \_\_\_\_\_ on the life of \_\_\_\_\_.

**THE UNDERSIGNED HAS READ THE FOREGOING AFFIDAVIT AND FULLY UNDERSTANDS IT.**

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

(Seal)

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTARY PUBLIC/MY COMMISSION EXPIRES ON** \_\_\_\_\_.