

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 IA American Life Insurance Company 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 IA American Life Insurance Company 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 _____.