

Group Policy Number	Claim Number	Name of Deceased	IF MORE SPACE IS NEEDED ATTACH A SIGNED AND DATED SHEET IN THE SAME FORMAT SHOWN BELOW
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Note: This affidavit is to be used whenever no beneficiary was designated or no designated beneficiary survived the deceased. It is to be completed only by the person or one of the persons within the first surviving class of the following classes of successive preference beneficiaries of the deceased: 1) widow or widower; 2) child(ren); 3) parents; 4) executor or administrator.

State or Province of _____)

) ss.

County of _____)

I, _____, residing at _____ (Street Address) (City or Town) (State) (Zip)

being first duly sworn, depose and state:

I am providing the information in this affidavit knowingly and with the understanding Dearborn National[®] Life Insurance Company of New York will rely on it in paying the claim involving the above named deceased insured. I am knowledgeable about the heirs of the above named deceased insured. The below information is true, correct and complete.

That I am the surviving spouse of the deceased person named above.

Soc. Security #

Phone #

**WIDOW
OR
WIDOWER**

The date of my birth is: / /

(signed)

That the deceased person named above left no surviving spouse; that I am a natural or adopted child of the deceased; and that the deceased left no surviving natural or adopted children other than myself and those listed below:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Soc. Security #</u>	<u>Phone #</u>
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**SON
OR
DAUGHTER**

The date of my birth is: / / Soc. Security # _____ Phone # _____

(signed)

That the deceased person named above left no surviving spouse or natural or adopted child; that I am a parent of the deceased; and that the other parent is listed below:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Soc. Security #</u>	<u>Phone #</u>
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**FATHER
OR
MOTHER**

(signed)

EXECUTOR
OR
ADMINIS-
TRATOR

That the deceased person named above left no surviving spouse, natural or adopted child, or parent; and that I am the executor or administrator of the estate of the deceased.

(signed)

THIS FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____, 20____.

I, the undersigned, a notary public in and for said county in said state, hereby certify that _____ whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she executed the same voluntarily on the day the same bears date.

Notary Public or other official authorized to administer oath

(SEAL)

My commission or term expires _____