



Life Insurance Program from



# SURVIVORSHIP AFFIDAVIT

Name of Deceased \_\_\_\_\_ Contract # \_\_\_\_\_

Deceased Social Security Number \_\_\_\_\_ Date of Death \_\_\_\_\_

**INSTRUCTIONS:** If the insured did not name a beneficiary or if a named beneficiary did not survive the insured by 15 days,

- A. Provide New York Life Insurance Company with a certified death certificate for any named beneficiary.
- B. Have this form completed by the first of the following surviving family members: (1) spouse, (2) son or daughter, or (3) parents.
- C. If there is no surviving spouse nor any surviving children please indicate and list the names and address of the decedent's surviving parents. If there are no surviving parents, please indicate this and list the names and addresses of the decedent's surviving siblings.

<u>Full Name of Spouse (If Living)</u>	<u>Social Security #</u>	<u>Address</u>	<u>Date of Birth</u>
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<u>Full Name of Each Child (If Living)</u>	<u>Social Security #</u>	<u>Address</u>	<u>Date of Birth</u>
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<u>Full Name of mother and father (If Living)</u>	<u>Social Security #</u>	<u>Address</u>	<u>Date of Birth</u>
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<u>Full Name of siblings (If Living)</u>	<u>Social Security #</u>	<u>Address</u>	<u>Date of Birth</u>
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(Attach a separate sheet of paper if necessary)

I, \_\_\_\_\_ represent that, to the best of my knowledge, all statements on this affidavit are true and complete. I make this affidavit for the purpose of inducing New York Life Insurance Company to pay the proceeds of the deceased's life insurance under said certificate in accordance with its terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

