



Amalgamated Life

Group • Stop Loss • Voluntary

333 Westchester Avenue • White Plains, NY 10604-2910 • 914-367-5000

PLEASE PRINT ALL INFORMATION

ESTATE/SURVIVORS' AFFIDAVIT

NAME OF DECEASED	POLICY NUMBER	SOCIAL SECURITY NUMBER
------------------	---------------	------------------------

NOTE: This affidavit is to be used if no beneficiary was designated or no designated beneficiary survived the deceased. It is to be completed only by the administrator or one of the persons within the first class of survivors: (a) spouse (b) children (c) parents (d) brothers and sisters

State of _____)
_____) SS.

County of _____)

I, _____ residing at _____
_____ (City) _____ (State) being first duly sworn, depose and state: _____

ADMINIS-TRATOR	That I am the duly appointed administrator of the Estate of the deceased. (signed)									
SPOUSE	That no Estate has been or will be probated, and that I am the surviving spouse. Date of Birth _____ (signed)									
CHILDREN	That no Estate has been or will be probated, that there is no surviving spouse; that I am a child of the deceased, and that there are no surviving children other than myself and those listed below. <table><tr><th>Name</th><th>Address</th><th>Date of Birth</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> Date of Birth _____ (signed)	Name	Address	Date of Birth						
Name	Address	Date of Birth								
PARENTS	That no Estate has been or will be probated, that there is not surviving spouse or child; and that I am a parent of the deceased, and the other parent is listed below: <table><tr><th>Name</th><th>Address or Date of Death</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> Date of Birth _____ (signed)	Name	Address or Date of Death							
Name	Address or Date of Death									
BROTHER OR SISTER	That no Estate has been or will be probated, that there is no surviving spouse, child or parents; and that I am the brother/sister of the deceased; and there are no surviving brothers and sisters other than myself and those listed below: <table><tr><th>Name</th><th>Address</th><th>Date of Birth</th></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> Date of Birth _____ (signed)	Name	Address	Date of Birth						
Name	Address	Date of Birth								

Subscribed and sworn to before me this _____ day of _____ 2 _____

(SEAL)

(Notary Public) _____

My commission or term expires _____