

BENEFICIARY AFFIDAVIT

This declaration of facts is to be completed when there is no beneficiary designated by the insured or surviving at the death of the insured. It is to be completed by all of the members of the first class, in descending order, in which there is at least one surviving member.

Classes of Successive Preference Beneficiaries:

1. Surviving Spouse
2. Surviving Children
3. Surviving Parents
4. Surviving Brothers and Sisters
5. Executors or Administrators

NOTE: Any class other than that whose members are completing the declaration of facts, in which there are surviving members, should be stricken from the final paragraph of the declaration of facts.

TO BE COMPLETED WHEN THERE IS NO BENEFICIARY DESIGNATED OR SURVIVING UPON THE DEATH OF THE INSURED

We/I, _____, residing at, _____

Full Name Mailing address

_____, residing at, _____

Full Name Mailing address

_____, residing at, _____

Full Name Mailing address

duly state(s) that: CHECK ONE: I am the nearest sole surviving relative of the deceased listed below
 We are the nearest surviving relatives of the deceased listed below

_____, who was insured by SNF Life _____

Name of Decedent Certificate number(s)

At the time of death, the decedent, was survived by no spouse, no child or children, no parent or parents, and no brothers or sisters other than the person(s) named in this affidavit.

Signature	Relationship	____/____/____ Date
Signature	Relationship	____/____/____ Date
Signature	Relationship	____/____/____ Date

Sworn to me on this ____ day of _____, 20____

Signature of Notary Public: _____