



# SURVIVORSHIP AFFIDAVIT

Name of Deceased \_\_\_\_\_ Group Number \_\_\_\_\_

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

**INSTRUCTIONS:** If the insured did not name a beneficiary or if a named beneficiary has predeceased the insured,

- 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 so state and list the names and addresses of the decedent's surviving siblings.

Did the insured leave a surviving spouse at time of death? Yes  No

<b>Full Name of Spouse (If Living)</b>	<b>Social Security #</b>	<b>Address</b>	<b>Date of Birth</b>
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Were any children of the insured (including those by any marriage or legal adoption) living at time of death? Yes  No

<b>Full Name of Each Child (If Living)</b>	<b>Social Security #</b>	<b>Address</b>	<b>Date of Birth</b>
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\_\_\_\_\_

Were the parents of the insured living at time death? Yes  No

<b>Full Name of mother and father (If Living)</b>	<b>Social Security #</b>	<b>Address</b>	<b>Date of Birth</b>
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Were any siblings of the insured living at time of death? Yes  No

<b>Full Name of siblings (If Living)</b>	<b>Social Security #</b>	<b>Address</b>	<b>Date of Birth</b>
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\_\_\_\_\_

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** \_\_\_\_\_

### Arizona

For your protection Arizona law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.