

Survivorship Affidavit - Deceased Beneficiary

If no estate has been established for the deceased beneficiary

Name of Deceased Insured _____ Contract Number _____
Deceased Insured's SSN _____ Date of Death _____
Name of Deceased Beneficiary _____ Deceased Beneficiary's SSN _____

- INSTRUCTIONS:** If the deceased beneficiary survived 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, (3) parents, or (4) siblings.
 - C. If there is no surviving spouse, please indicate this and list the names and address of any surviving children. If there are no surviving children, please indicate this 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.

Did the deceased beneficiary leave a surviving spouse at time of death? Yes No
Name of Spouse (If Living) Social Security # Address or Phone # Date of Birth

Were any children of the deceased beneficiary (including legally adopted children but excluding step-children) living at time of death?

Yes No
List ALL Children (If Living) Social Security # Address or Phone # Date of Birth

(Attach a separate sheet of paper if necessary. Any additional documentation must be signed, and dated)

Were the parents of the deceased beneficiary living at time of death? Yes No
Name of mother and father (If Living) Social Security # Address or Phone # Date of Birth

Were any siblings of the deceased beneficiary living at time of death? Yes No
Name of siblings (If Living) Social Security # Address or Phone # Date of Birth

Any person who knowingly and with intent to defraud any insurance company or conceals with the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

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 life insurance under said Contract in accordance with its terms and conditions.

Signature _____ Date _____