

AFFIDAVIT TO OBTAIN PAYMENT OF INSURANCE PROCEEDS

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

We/I, being duly sworn, depose and say that:

1. The undersigned is/are the survivor/survivors of \_\_\_\_\_, lately domiciled in \_\_\_\_\_.
2. Said decedent died on \_\_\_\_\_.
3. No fiduciary has qualified or has been appointed to administer the estate of the decedent.
4. At the time of \_\_\_\_\_ death, there was due owing the Estate of the Decedent from Industrial Alliance Insurance and Financial Services, Inc. the sum of :  
\$ \_\_\_\_\_ ( \_\_\_\_\_ ),  
representing benefits payable in accordance with the provisions of Policy No. \_\_\_\_\_.
5. The undersigned desires that payment be made to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ in  
full satisfaction of the aforesaid debit due and owing the Estate of the decedent.

The undersigned specifically releases Industrial Alliance Insurance and Financial Services, Inc. from all liability under Policy No. \_\_\_\_\_ on the life of \_\_\_\_\_.

THE UNDERSIGNED HAS READ THE FOREGOING AFFIDAVIT AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

Witness \_\_\_\_\_ Survivor \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**(Seal)**

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC/MY COMMISSION EXPIRES ON \_\_\_\_\_.