



American Life & Security Corp.

Executive Office

PO Box 5577 * Lincoln, NE 68505-5577
Phone: 402.489.8266 Fax: 402.489.8295

AFFIDAVIT OF NEXT OF KIN

To be used when no individual beneficiary is named and deceased insured's estate is not going through probate.

I / We the undersigned, being first duly sworn, depose and state:

1. That I / we am / are the next of kin of _____, deceased insured.
2. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such an appointment is pending in this state or elsewhere.
3. That there are no outstanding debts or liens against the decedent.
4. That this affidavit is made in support of the undersigned's request to assign policy number _____ which insures the life of _____, deceased insured, to _____
5. In consideration of this request, the undersigned, their heirs, executors, administrators or assigns, do hereby agree to save harmless said **American Life & Security Corp.** from any and all loss, cost, damage or expense occurring by said designation and do hereby agree to reimburse and repay to **American Life & Security Corp.** any and all sums it may later be required to pay to, or on account of, any other claimant or claimants to said proceeds.

Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____
Signature: _____	Relationship: _____	Social Security Number: _____	Date: _____

This Section to be completed by Notary Public

County of _____ Subscribed and sworn to before me on this _____ day of _____, _____
State of _____

My commission expires on _____.

X

Signature of Notary Public