



# American Life & Security Corp.

Administrative Office

PO Box 717 \* Frankfort, KY 40602-0717

Phone: 877.758.9333 Benefit Payments Fax: 502.223.6575

## 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.

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