



American Life & Security Corp.

Administrative Office:
PO Box 717 * Frankfort, KY 40602-0717
Phone: 877.758.9333 Benefit Payments Fax: 502.875.7084

AFFIDAVIT OF CHILDREN

To be used when beneficiary is stated as "all living or surviving children of the insured".

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

1. That I / we am / are the surviving children of _____, deceased insured, from the marriage of _____, deceased insured, and _____.

2. 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