



American Life & Security Corp.

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

AFFIDAVIT

Comes the Affiant, _____, and after being
duly sworn states as follows:

(1) I am the _____ of _____
RELATIONSHIP NAME OF OWNER
the owner of policy number _____ that has been issued on the life of
NAME OF INSURED

by American Life & Security Corp.

(2) In this relationship, I have first-hand knowledge regarding the estate of the owner of this policy.

(3) The owner of this policy does not have and will not have an estate that will be opened for probate.

IN WITNESS WHEREOF, I have hereunto subscribed my name on this
_____ day of _____.

X

Signature of Affiant

Affiant email address Day time Phone: Home Cell Work

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____
DAY MONTH YEAR

My commission expires _____

Notary Public