

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 Pioneer American Insurance Co. 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 Pioneer American Insurance Co. 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 _____

Witness _____ Survivor _____

Witness _____ Survivor _____

Witness _____ Survivor _____

Witness _____ Survivor _____

Witness _____ Survivor _____

Witness _____ Survivor _____

STATE OF _____

COUNTY OF _____

(Seal)

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

NOTARY PUBLIC/MY COMMISSION EXPIRES ON _____.