



Life Insurance Program from



# Survivorship Affidavit - Insured

*If no estate has been established for the insured*

Name of Deceased \_\_\_\_\_ Contract Number \_\_\_\_\_

Deceased's Social Security Number \_\_\_\_\_ Date of Death \_\_\_\_\_

**INSTRUCTIONS:** If the insured did not name a beneficiary or if a named beneficiary did not survive the insured by 15 days,

- A. Provide New York Life Insurance Company with a certified death certificate for any named beneficiary.
- B. Have this form completed by the first of the following surviving family members: (1) spouse, (2) son or daughter, or (3) parents.
- C. If there is no surviving spouse, please indicate this and list the names and address of any surviving children. If there are no surviving children, please indicate this and list the names and address of the decedent's surviving parents. If there are no surviving parents, please indicate this and list the names and addresses of the decedent's surviving siblings.

Did the insured leave a surviving spouse at time of death?

Yes  No

Full Name of Spouse (If Living)	Social Security #	Address	Date of Birth
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Were any children of the insured (excluding step-children) living at time of death?

Yes  No

Full Name of Each Child (If Living)	Social Security #	Address	Date of Birth
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Were the parents of the insured living at time of death?

Yes  No

Full Name of mother and father (If Living)	Social Security #	Address	Date of Birth
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Were any siblings of the insured living at time of death?

Yes  No

Full Name of siblings (If Living)	Social Security #	Address	Date of Birth
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(Attach a separate sheet of paper if necessary. Any additional documentation must be signed, dated and witnessed)

I, \_\_\_\_\_ represent that, to the best of my knowledge, all statements on this affidavit are true and complete. I make this affidavit for the purpose of inducing New York Life Insurance Company to pay the proceeds of the life insurance under said Contract in accordance with its terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_