

Affidavit of surviving children



P.O. Box 14432, Des Moines, IA 50306-3432

Policy/Contract numbers(s)		
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State of	County of
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I, the undersigned, _____, being first duly sworn on oath, depose and say that _____ died on _____, _____, and at the time of his/her death he/she was survived by the following children:

Name	Address	Social Security number	Birthdate

In witness whereof, I have hereunto set my hand at _____, _____, this _____ day of _____, _____.
(City) (State)

Affiant's signature

Affiant's address (street, city, state, ZIP)	Phone number
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Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public
My comission expires

Stamp/seal

This form should be completed and returned to the **Claims department** along with the other claim documents.