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Contract Number(s)

AFFIDAVIT OF SURVIVING CHILDREN

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	SS#	Birthdate

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

Affiant's Signature

Street Address

City, State, Zip

() - _____

Telephone Number

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public

My Commission Expires

[SEAL]

This form should be completed and returned to the **Claims Department** along with the other claim documents.
NORTH AMERICAN COMPANY LIFE AND HEALTH INSURANCE • ANNUITY SERVICE CENTER • PO BOX 79905 • DES MOINES, IA 50325-0905
CLAIMS PHONE: (877) 880-6367