

Hawaii
Life and Disability Insurance
Guaranty Association
1003 Bishop Street, Suite 2030, Honolulu, HI 96813
(808)749-4919
penntreatyaloha@hilifega.org

AFFIDAVIT – ESTATE OR BENEFICIARY

The undersigned, being duly sworn, depose and say that:

1. I/We are familiar with the facts relating to the Estate of _____ (the Decedent) who died on (enter date) _____ in _____ (city/state).
 A certified copy of Decedent’s death certificate: (check one)
 is attached -or-
 has already been submitted to your office.

2. The Decedent held Policy Number _____ (the policy) that was issued by Insurance in insolvency (the company), at the time of Decedent’s death.

3. I/We are the individual(s) entitled to share in the Estate, as listed below:
 (attach additional sheets if necessary).

Name	Address & Phone #	Relationship to Decedent	Percentage

4. I/We hereby request that any Policy Payments due to which the Estate is otherwise entitled (the “Policy Proceeds”) be paid directly to me/us.

5. I/We confirm that:
 - a) None of the above-mentioned individuals is an incompetent;
 - b) All taxes, funeral expenses, debts and claims against the Estate are settled or will be paid by the undersigned; and
 - c) No person or entity other than the undersigned has any right, title, or interest in the Policy Proceeds.

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6. The undersigned (joint and severally, if more than one person) hereby expressly agree(s) to indemnify and hold the Company harmless from any and all acts, agreements, causes of action, damages, demands, executions, expenses, fees, investigations, judgements, obligations, rights, and/or suites of every kind and nature, in law or in equity, whether known or unknown, past, present, and future, vested or contingent, and regardless of the legal theory or factual basis involved, for any payment made to the undersigned or at the undersigned's direction, or that the company may sustain or incur by reason or on account of the contents of this Affidavit or the Company's reliance thereon.

By signing below, I/We hereby certify that the statements made in this Affidavit are true and correct to the best of my/our knowledge, information and belief, and that such statements are made subject to the penalty of perjury.

Signed and sealed this ____ day of _____, _____.

****ALL SIGNATURES MUST BE NOTARIZED****

Please sign in front of a notary and attach additional notaries where necessary

SIGNATURE

PRINT NAME

NOTARY PUBLIC

STATE OF _____)

COUNTY OF _____)

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

Notary Public: _____

My commission expires: _____