

Name of Deceased _____	Group Policy Number _____	SS # _____
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NOTE: This affidavit is to be used whenever no beneficiary was designated or no designated beneficiary survives the deceased. A separate form is to be completed by each person within the first of the following classes of successive preference beneficiaries of the deceased which has a surviving member: (1) widow or widower (2) children (3) parents (4) brothers or sisters (5) executor or administrator.

State or Province of \_\_\_\_\_ County of \_\_\_\_\_  
Social Security # \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Street) (City or Town) (State or Province)

being first duly sworn, depose and state:

WIDOW OR WIDOWER	That I am the surviving spouse of the deceased person named above. The date of my birth is _____ Signature _____		
CHILDREN NATURAL OR ADOPTED	That the deceased person named above left no surviving spouse; that I am a child of the deceased; and that the deceased left no surviving children other than myself and those listed below; and I understand that any benefits paid will be paid in equal shares to each of the surviving members of this class:		
	Name	Address	Birth Date
	The date of my birth is _____ Signature _____		
FATHER AND MOTHER	That the deceased person named above left no surviving spouse or child; that I am a parent of the deceased; and that the other parent is listed below; and I understand that any benefits paid will be paid in equal shares to each of the surviving members of this class:		
	Name	Address or Date of Death	
	The date of my birth is _____ Signature _____		
BROTHER(S) AND/OR SISTER(S)	That the deceased person named above left no surviving spouse, child or parent; that I am the brother/sister of the deceased and that the deceased left no surviving brothers or sisters other than myself and those listed below; and I understand that any benefits paid will be paid in equal shares to each of the surviving members of the class:		
	Name	Address	Birth Date
	The date of my birth is _____ Signature _____		
EXECUTOR OR ADMINISTRATOR	That the deceased person named above left no surviving spouse, child, parent, brother or sister; and that I am executor or administrator of the estate of the deceased. Submit a copy of the Administration Papers or a Small Estate Affidavit. Signature _____ Date of Birth _____		

It is further understood and agreed that in consideration hereof and as an inducement to Trustmark Life Insurance Company to make payment of the benefits under this coverage Affiant on behalf of himself or herself and on behalf of any surviving members of Affiant's class of surviving preference beneficiaries and any heirs, executors, administrators and assigns hereby releases and forever discharges Trustmark Life Insurance Company, its successors and assigns from any and all actions, causes of action, claims and demands they may now have or may hereafter have against Trustmark Life Insurance Company on account of this insurance policy or arising from any matter in connection with said policy. Further Affiant agrees to save and keep harmless Trustmark Life Insurance Company from any and all claims that may be made against Trustmark Life Insurance Company by the Estate and the executors and administrators or the heirs of the deceased or any other claimant on account of said insurance policy or on account of payment of the proceeds as provided herein.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Signature \_\_\_\_\_ Notary Public or other official authorized to administer oaths,