



EquiTrust[®]
Life Insurance Company

P.O. Box 2549 ■ Waco, Texas 76702-2549
254-297-2772 ■ 1-855-297-2103
Visit us at our website: www.myetlicpolicy.com

AFFIDAVIT TO OBTAIN PAYMENT OF INSURANCE PROCEEDS

STATE OF _____

COUNTY OF _____

We/I, being duly sworn, depose and say that:

1. The undersigned is/are the survivor/survivors of _____, lately domiciled in _____.
2. Said decedent died on _____.
3. No fiduciary has qualified or has been appointed to administer the estate of the decedent.
4. At the time of _____ death, there was due owing the Estate of the Decedent from EquiTrust Life Insurance Company the sum of : \$ _____ (_____), representing benefits payable in accordance with the provisions of Policy No. _____.
5. The undersigned desires that payment be made to _____

_____ in full satisfaction of the aforesaid debit due and owing the Estate of the decedent.

The undersigned specifically releases EquiTrust Life Insurance Company from all liability under Policy No. _____ on the life of _____.

THE UNDERSIGNED HAS READ THE FOREGOING AFFIDAVIT AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this _____ day of _____, 20____,

Witness _____	Survivor _____
Witness _____	Survivor _____
Witness _____	Survivor _____
Witness _____	Survivor _____
Witness _____	Survivor _____
Witness _____	Survivor _____
Witness _____	Survivor _____

STATE OF _____

COUNTY OF _____

(Seal)

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC/MY COMMISSION EXPIRES ON _____.