



ONE AND THE SAME PERSON AFFIDAVIT

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, a Notary Public in and for the State of _____, on this day personally appeared, known to me, and who, after being by me duly sworn on oath stated:

My name is _____ whose date of birth is _____.

I am and was one and the same person as _____.

I am making this statement under oath in order to induce payment of _____

Life insurance company, Policy Number(s) _____.

Executed on this _____ day of _____, _____.

AFFIANT:

SUBSCRIBED AND SWORN TO BEFORE ME, on this ____ day of _____, _____.

_____ NOTARY PUBLIC, STATE OF _____

MY COMMISSION EXPIRES : _____