



financial life

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1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: **1891 Financial Life Insurance**. DBA California: **1891 Financial Life, A Fraternal Benefit Society**.

AFFIDAVIT FOR DEATH BENEFIT PAYMENT

Insured (Member): _____

Certificate Number: _____

Deceased Named Beneficiary: _____

Because there is no valid designated beneficiary, the certificate proceeds shall be paid according to Sec. 7.05 - BENEFICIARIES of the 1891 Financial Life Bylaws (below).

Per Section 7.05, the proceeds shall be paid per stirpes to the family members of the insured in the following succession, as applicable, (i) the surviving spouse; (ii) children; (iii) grandchildren; (iv) parents; (v) brothers and sisters; (vi) grandparents; (vii) other relatives in accordance with the laws of descent and distribution of Illinois.

Please complete the following to allow for the proper payment of the proceeds and sign it before a notary.

Payment will be made upon receipt of this signed affidavit by all heirs sharing in the benefit.

For help determining which relationship qualifies as the closest to the Insured, use the guide on the back of this form.

Name of Affiant: _____ I am related to the Insured as: _____

All other living relatives of the same relationship/level of heirship as myself are:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

All other deceased relatives of the same relationship/level of heirship:

Please provide photocopy of death certificate.

Name: _____ Name: _____

Child of Above: _____ Child of Above: _____

Child of Above: _____ Child of Above: _____

If additional space is needed, please attach a separate sheet.

This affidavit is made for the purpose of inducing 1891 Financial Life, an Illinois Fraternal Society, to distribute the death benefit, upon the death of said member as provided in Section 7.05 of the 1891 Financial Life Bylaws:

Benefit certificates may be made payable to such person or persons, entity or interest as may be permitted under the rules and regulations of the Society and applicable state laws.

In the event a named beneficiary predeceases the insured or is otherwise not legally entitled to receive the certificate proceeds, the certificate proceeds shall be paid per stirpes to the family members of the insured in the following succession, as applicable, (i) the surviving spouse; (ii) children; (iii) grandchildren; (iv) parents; (v) brothers and sisters; (vi) grandparents; (vii) other relatives in accordance with the laws of descent and distribution of Illinois. In the event it is determined that the deceased insured has no living relatives, after a reasonable search, the certificate proceeds shall be paid to the estate of the insured.

No beneficiary change shall take effect unless received by the Society at its principal office during the lifetime of the insured. When it is received, any change shall take effect as of the date the request for beneficiary change was signed, as long as the request for change was mailed or actually delivered to the Society while the insured was alive. Such beneficiary change shall be null and void where the Society has made a good faith payment of the proceeds or has taken another action before receiving the change.

- ☐ I affirm that there are no relatives whose relationship/level of heirship is closer than mine.
- ☐ I acknowledge the benefit will be equally split among the heirs in accordance with the 1891 Financial Life Bylaws.
- ☐ I agree the benefit amount above will be distributed to all heirs according to the 1891 Financial Life Bylaws.

Signature of Affiant: _____ Date: _____

Notary:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by
 _____ (name(s) of person(s)) as
 _____ (type of authority if applicable, e.g., Officer, Trustee, etc.) of
 _____ (name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____

