

### Statement of Surviving Children

**Please complete and sign the following statement listing the names, dates of birth, social security numbers and addresses of all children. Include information on additional children on a separate paper.**

Policy No: \_\_\_\_\_  
Insured : \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that at the death of the Insured, the following were all the surviving children born to the insured, including legally adopted children:

- |    |                     |                     |       |
|----|---------------------|---------------------|-------|
| 1. | _____               | Date of birth:      | _____ |
|    | Name                |                     |       |
|    | _____               | Relationship:       | _____ |
|    | Street Address      |                     |       |
|    | _____               | Social Security No. | _____ |
|    | City/State/Zip Code |                     |       |
| 2. | _____               | Date of birth:      | _____ |
|    | Name                |                     |       |
|    | _____               | Relationship:       | _____ |
|    | Street Address      |                     |       |
|    | _____               | Social Security No. | _____ |
|    | City/State/Zip Code |                     |       |
| 3. | _____               | Date of birth:      | _____ |
|    | Name                |                     |       |
|    | _____               | Relationship:       | _____ |
|    | Street Address      |                     |       |
|    | _____               | Social Security No. | _____ |
|    | City/State/Zip Code |                     |       |
| 4. | _____               | Date of birth:      | _____ |
|    | Name                |                     |       |
|    | _____               | Relationship:       | _____ |
|    | Street Address      |                     |       |
|    | _____               | Social Security No. | _____ |
|    | City/State/Zip Code |                     |       |

\_\_\_\_\_  
**SIGNATURE OF CLAIMANT**

\_\_\_\_\_  
Date