

## Statement of Surviving Children For Deceased Owner

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 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

The above statements are made for the purpose and with the intent of inducing Equitable to note its records accordingly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Deceased Owner

\_\_\_\_\_  
Date

WITNESS: \_\_\_\_\_