



P.O. Box 14556, Des Moines, Iowa 50306-3556  
National Headquarters – Omaha, Nebraska

Customer Service • 1-800-786-7557

## Affidavit to Authorize World Insurance Company To Pay Policy Benefits

I, \_\_\_\_\_, state under oath that all information provided in this Affidavit is correct, and that the individuals identified below are the sole survivors and are related to the Deceased in the indicated relationships, that the Deceased died on the date specified leaving no estate to be probated, and the Deceased left no property, real or personal, requiring the administration of their Estate.

The purpose of this Affidavit is to authorize World Insurance Company to make payments of benefits under the Policy of Insurance identified below. All survivors have agreed that benefits shall be paid to the person(s) named below or their assigns. I hereby release and forever discharge World Insurance Company from any and all claims of whatsoever nature under the Policy of Insurance identified below. I further indemnify World Insurance for any and all liability for actions taken based upon the representations made in this Affidavit.

Name of Deceased: \_\_\_\_\_ Date of Death \_\_\_\_\_

Policy Numbers: \_\_\_\_\_

Person(s) who benefits are to be paid: \_\_\_\_\_

Name	Address, City, State, ZIP	Social Security #	Relationship to Deceased	Date of Birth

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_