



Serviced by Danny Smith

Revision: 03/28/2023

SAME NAME AFFIDAVIT

Insurance Company: _____

I, _____, do state that _____

and _____ are one and the same person.

I am listed as beneficiary on policy number _____,

issued to _____.

Beneficiary: _____ **Date:** _____

Witness: _____ **Date:** _____