



*Serviced by Danny Smith*

*Revision: 03/31/2017*

## **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:** \_\_\_\_\_