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**PREFERENCE BENEFICIARY'S AFFIDAVIT**

**Note:** This affidavit is to be used whenever no beneficiary was designated or no designated beneficiary survived said deceased. It is to be completed only by the person or one or more of the persons within the first surviving class of the following classes of successive preference beneficiaries of said deceased: (1) widow or widower; (2) children; (3) parents; (4) brothers or sisters; (5) executor or administrator.

State of \_\_\_\_\_ SSN: \_\_\_\_\_  
 County of \_\_\_\_\_

The undersigned being first duly sworn depose(s) and say(s):

That \_\_\_\_\_, an individual covered under the \_\_\_\_\_,

died on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_; and

- That no beneficiary was designated.
- That no designated beneficiary survived said deceased.

WIDOW OR WIDOWER	That the undersigned is the surviving spouse of the deceased person named above.  Signature: _____ Print Name: _____ Address: _____ Date of Birth: _____
SON OR DAUGHTER	That said deceased left no surviving spouse, that undersigned is (are) one or more of the children of deceased and that deceased left no surviving children other than the undersigned:  Signature(s): _____ Print Name: _____ Address: _____ Date of Birth: _____ _____ _____ _____

**Over**

FATHER OR MOTHER	<p>That the deceased person named previously left no surviving spouse or child; that undersigned is (are) one or both of the parents of the deceased and that deceased left no surviving parents other than the undersigned:</p> <p>Signature(s): _____ Print Name: _____ Address: _____</p> <p>_____</p> <p>_____</p>
BROTHER OR SISTER	<p>That said deceased person named previously left no surviving spouse, child or parent; that undersigned is (are) one or more of the brothers or sisters of the deceased and that deceased left no surviving brothers or sisters other than the undersigned:</p> <p>Signature(s): _____ Print Name: _____ Address: _____ Date of Birth: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
EXECUTOR OR ADMINISTRATOR	<p>That the deceased person named previously left no survivors within the four preference classes named above; and that the undersigned is the (executor) (administrator) of the estate of the deceased person named above.</p> <p>Signature(s): _____ Print Name: _____</p> <p>_____</p> <p>_____</p>

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ ,  
(Here insert name and title of the officer)

personally appeared \_\_\_\_\_ ,

who proved to me on the basis of satisfactory evidence to be the person (s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

