Beneficiary Affidavit & Assignment Form

For Blue Shield of California Life & Health Insurance Company 4203 Town Center Blvd., El Dorado Hills, CA 95762 (888) 800-2742

Note: This affidavit is to be used when no beneficiary was designated or no designated beneficiary survived the deceased.

Information a	bout the person completing this	s form						
Full name			Social Security #					
Date of birth Street address			Phone number					
			City State ZIP code					
			City		Sidic Zii code			
Information a	bout the deceased							
Full name of c	leceased		Social Security #					
Date of birth			Date of death					
Street address	S		City State ZIP code					
011001 add103			0		0.0.0			
Information a	bout the deceased's next of kin	1						
Relation	Full name		Date of birth	Date of death	Phone	number		
Spouse								
☐ The decea	sed was never married		The deceased was not married at the time of death					
Child 1								
Child 2								
Child 3								
☐ There are r	no known children		There are more than three known children (on page 2)					
Mother								
Father								
Sibling 1								
Sibling 2								
Sibling 3								
☐ There are r	no known siblings		☐ There are more than three known siblings (on page 2)					
Executor of estate								
The closest next-of-kin category and Spouse				☐ Chil	d(ren), i	n equal shares		
beneficiary of the deceased's life Livi			rents, in equal shares					
			of the deceased		5(7-			
Note: If any b	eneficiaries want to assign their	1—			se page	≥ 2.		
be held finan	fy that the above statements ar cially responsible and persona on page 2 of this document.							
Signature					Date			

Blue Shield of California, an independent licensee of the Blue Shield Association CPC1018 (1/16)

Beneficiary Affidavit & Assignment Form (page 2)

For Blue Shield of California Life & Health Insurance Company 4203 Town Center Blvd., El Dorado Hills, CA 95762 (888) 800-2742

This section is to be used when there are more beneficiaries in a next-of-kin category than shown on page 1.

Relation Full name Date of birth Date of death Phone number Child 4 Child 4 Child 5 Child 6 Child 5 Child 6 Child 6 Child 7 Child 7 Child 8 Child 6 Child 7 Ch	Information al	oout the deceased's next of kin							
Child 5 Child 6 Child 7 There are more than seven known children (use additional blank paper) Sibling 4 Sibling 5 Sibling 5 Sibling 6 Sibling 7 This section is to be used when a beneficiary wants to assign, as a gift, their proceeds to another person/entity. Note: You should obtain the advice of your lax and/or legal adviser before making any assignment. Name of beneficiary (assignor): Social Security # Date of birth Phone number I hereby assign, as a gift, to (name of first assignee) Assignee's street address City State ZiP code Amount of benefit to be assigned: Relationship to beneficiary: Name of beneficiary (assignor): Social Security # Date of birth Phone number I hereby assign, as a gift, to (name of first assignee) Assignee's street address City State ZiP code Amount of benefit to be assigned: Relationship to beneficiary: I hereby assign, as a gift, to (name of second assignee) Assignee's street address City State ZiP code Amount of benefit to be assignee: Relationship to beneficiary: I here ore more than two assignees (use additional blank paper) There are more than two assignees (use additional blank paper) I have assigned all my rights, title, interests and incidents of ownership, both present and future, under the above Life Insurance Policy, including but not limited to the right to receive life insurance proceeds. As a condition of this assignment. I understand and agree that Blue Shield of California Life & Health Insurance Company (Blue Shield Life) assumes no obligation as to the vialidity or sufficiency of this assignment but in any event will be held harmless and incidentified by my elassignory, my estate and my assignees to the extent the assignment is relied upon in the payment of insurance proceeds under the above Life Insurance Policy.	Relation	Full name		Date of birth	Date of death	Phone number			
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Signature of Witness Date Signature of Assignee 2 Date	2.5			0.91141010 017103191100 1			2010		
Signature of Witness Date Signature of Assignee 2 Date									
	Signature of Witness Do		ate	Signature of Assignee 2 Date			Date		