

ONE AND THE SAME NAME AFFIDAVIT

Please check the box next to your insurance company's name.

ManhattanLife Assurance Company of America The Manhattan Life Insurance Company Family Life Insurance Company

POLICY NUMBER _____

I, _____ swear/affirm that, _____ and
(Policy Name Application)

_____, are one and the same person.
(Claimant Name)

Signature

Date

State of _____ County of _____

Before me, _____ (notary public's name) a notary public, on this day personally appeared

_____, known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.
(day) (month) (year)

Signature My Commission Expires

(Personalized Seal)

Submit Completed Form to:

Claims Department
P.O. Box 925309
Houston, TX 77292-5309

Customer Service Department 1-800-669-9030
www.manhattanlife.com