

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street – Mount Prospect, IL 60056-3334 – 1.800.344.6273 – www.ncsf.com

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AFFIDAVIT TABLE OF HEIRSHIP

To Be Executed By A Member of Decedent's Family

Please type or print the information on this form. All questions must be answered in full as the death benefit is paid on the basis of the completed Table of Heirship form submitted to our office. If additional space is need for items #4, #5 and #6, please use reverse side of this form.

STATE OF _____ COUNTY OF _____

TO THE NATIONAL CATHOLIC SOCIETY OF FORESTERS:

NAME OF AFFIANT _____ OF CITY, STATE _____

Being first duly sworn deposes and says that he/she is of legal age and under no legal disability and represents as follows:

1) Affiant is related as _____ to _____
RELATIONSHIP MEMBER'S NAME AND COURT NO.

2) Was born to, or legally adopted by said deceased member during his/her lifetime (#) _____ children, including affiant, who is of legal age and under no legal disability.

3) Said member died on _____ day of _____, 20____.

4) Only the following of his/her children survived him/her:

<i>NAME</i>	<i>ADDRESS, CITY, STATE, ZIP</i>	<i>DATE OF BIRTH</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) Only the following of his/her children predeceased him/her:

<i>NAME</i>	<i>ADDRESS, CITY, STATE, ZIP</i>	<i>DATE OF BIRTH</i>
_____	_____	_____

6) Said predeceased children mentioned in paragraph #5, left only the following children of their own, that is grandchildren of the deceased:

<i>NAME</i>	<i>ADDRESS, CITY, STATE, ZIP</i>	<i>DATE OF BIRTH</i>
_____	_____	_____

7) This affidavit is made for the purpose of inducing the National Catholic Society of Foresters, an Illinois Fraternal Society, to distribute the death benefit, upon the death of said member as provided in Section 7.05 of the Constitution.

SUBSCRIBED AND SWORN IN BEFORE ME ON THIS

_____ DAY OF _____, 20____.

SIGNATURE OF AFFIANT

NOTARY PUBLIC

ADDRESS

MY COMMISSION EXPIRES _____

CITY, STATE, ZIP

National Catholic Society of Foresters

Benefit certificates may be made payable to such person or persons, entity or interest as may be permitted under the rules and regulations of the Society and applicable state laws.

In the event a named beneficiary predeceases the insured or is otherwise not legally entitled to receive the certificate proceeds, the certificate proceeds shall be paid per stirpes to the family members of the insured in the following succession, as applicable, (i) the surviving spouse; (ii) children; (iii) grandchildren; (iv) parents; (v) brothers and sisters; (vi) grandparents; (vii) other relatives in accordance with the laws of descent and distribution of Illinois. In the event it is determined that the deceased insured has no living relatives, after a reasonable search, the certificate proceeds shall be paid to the estate of the insured.

No beneficiary change shall take effect unless received by the Society at its principal office during the lifetime of the insured. When it is received, any change shall take effect as of the date the request for beneficiary change was signed, as long as the request for change was mailed or actually delivered to the Society while the insured was alive. Such beneficiary change shall be null and void where the Society has made a good faith payment of the proceeds or has taken another action before receiving the change.