

Policy Owner Identification Affidavit

A. Policy Owner Information

Full Name

Date of Birth

Address

Phone Number

Email

B. Policy Information

Insurance Company

Policy Number

C. Affidavit Statement

I hereby declare that I am the rightful policy owner of the insurance policy referenced above, and all information

provided is true and correct to the best of my knowledge and belief.

Signature of Policy Owner

Date

D. For Office Use Only

Verified by

Date Verified