



Florida Insurance Guaranty Association
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ESTATE AFFIDAVIT for NAME/ADDRESS CHANGE REQUEST

After being duly sworn, the Affiant states as follows:

1. My name is _____. I have personal knowledge of the matters set forth in this affidavit, and if called to testify would do so as set forth herein.
2. I am ___ years of age.
3. My current address is _____.

(*Insert deceased claimant's name)

4. I am the sole beneficiary of the estate of * _____.
5. My relationship to * _____ is _____.
6. I am the sole person who is entitled to any funds resulting from policy# * _____ from the insolvent company: * _____.
7. I agree to allow my name and address to be provided to any subsequent claimants who come forward with proof to claim entitlement to these funds.
8. I agree to hold harmless the Florida Insurance Guaranty Association should subsequent claimants come forward with proof to claim entitlement to these funds.

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

(Affiant Signature) (Affiant Printed Name)

State of _____ County of _____

Sworn to and subscribed to me by _____ on this ___ day of _____, 20__.

Notary Signature _____