

# 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 about the person completing this form

Full name	Social Security #		
Date of birth	Phone number		
Street address	City	State	ZIP code

## Information about the deceased

Full name of deceased	Social Security #		
Date of birth	Date of death		
Street address	City	State	ZIP code

## Information about the deceased's next of kin

Relation	Full name	Date of birth	Date of death	Phone number
Spouse				
<input type="checkbox"/> The deceased was never married		<input type="checkbox"/> The deceased was not married at the time of death		
Child 1				
Child 2				
Child 3				
<input type="checkbox"/> There are no known children		<input type="checkbox"/> There are more than three known children (on page 2)		
Mother				
Father				
Sibling 1				
Sibling 2				
Sibling 3				
<input type="checkbox"/> There are no known siblings		<input type="checkbox"/> There are more than three known siblings (on page 2)		
Executor of estate				

The closest next-of-kin category and beneficiary of the deceased's life insurance proceeds is the:

- Spouse  
 Living parents, in equal shares  
 The estate of the deceased  
 Child(ren), in equal shares  
 Living sibling(s), in equal shares

Note: If any beneficiaries want to assign their proceeds to another person or trust, please use page 2.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that I may be held financially responsible and personally liable for any or all proceeds distributed based on fraudulent statements above, and on page 2 of this document.

Signature

Date

