MIDLAND NATIONAL
Life Insurance Company
Annuities at their Best

4350 Westown Parkway | West Des Moines, IA 50266

Contract Number(s)

AFFIDAVIT OF SURVIVING CHILDREN

State of	County of

I, the undersigned, _____, being first duly sworn on oath, depose and say that _____ died on _____, _____, and at the time of his/her death he/she was survived by the following children:

Name	Address	SS#	Birthdate

In witness whereof, I have hereunto set my hand at _____, _____, this _____ day
(City) (State)
of _____, _____.

_____
Affiant's Signature

_____
Street Address

_____
City, State, Zip

(_____) _____ – _____
Telephone Number

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

_____ _____
Notary Public My Commission Expires

[SEAL]

This form should be completed and returned to the **Claims Department** along with the other claim documents.