



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:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren), in equal shares
	<input type="checkbox"/> Living parents, in equal shares	<input type="checkbox"/> Living sibling(s), in equal shares
	<input type="checkbox"/> The estate of the deceased	

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 _____

Beneficiary Affidavit & Assignment Form (page 2)

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This section is to be used when there are more beneficiaries in a next-of-kin category than shown on page 1.

Information about the deceased's next of kin

Relation	Full name	Date of birth	Date of death	Phone number
Child 4				
Child 5				
Child 6				
Child 7				
<input type="checkbox"/> There are more than seven known children (use additional blank paper)				
Sibling 4				
Sibling 5				
Sibling 6				
Sibling 7				

There are more than seven known siblings (use additional blank paper)

This section is to be used when a beneficiary wants to assign, as a gift, their proceeds to another person/entity.

Note: You should obtain the advice of your tax and/or legal adviser before making any assignment.

Name of beneficiary (assignor):	Social Security #	Date of birth	Phone number
I hereby assign, as a gift, to (name of first assignee)	Social Security #	Date of birth	Phone number
Assignee's street address	City	State	ZIP code
Amount of benefit to be assigned:	Relationship to beneficiary:		

Name of beneficiary (assignor):	Social Security #	Date of birth	Phone number
I hereby assign, as a gift, to (name of second assignee)	Social Security #	Date of birth	Phone number
Assignee's street address	City	State	ZIP code
Amount of benefit to be assigned:	Relationship to beneficiary:		

There are more than two assignees (use additional blank paper)

I have assigned all my rights, title, interests, and incidents of ownership, both present and future, under the above Life Insurance Policy, including but not limited to: the right to receive life insurance proceeds.

As a condition of this assignment, I understand and agree that Blue Shield of California Life & Health Insurance Company (Blue Shield Life) assumes no obligation as to the validity or sufficiency of this assignment but in any event will be held harmless and indemnified by me (assignor), my estate and my assignees to the extent the assignment is relied upon in the payment of insurance proceeds under the above Life Insurance Policy.

Signature of Beneficiary

Date

Signature of Assignee 1

Date

Signature of Witness

Date

Signature of Assignee 2

Date

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.