

## **Court-Appointed Fiduciary Affidavit**

## Please remember:

- We require an original notarized affidavit, executed within the previous 90 days in order to honor any request submitted by the court-appointed fiduciary.
- You must attach a copy of the court order appointing you as fiduciary the first time you submit this form.

For questions or help with this form, call us at 877-253-2323.

Throughout this form, "the Company" refers to the issuing company.1

1 Fiduciary Information (please print clearly)			
Name of Fiduciary			
Please select your fiduciary capacity:			
Executor of estate			
Conservator of estate/property			
Guardian of estate/property			
Other (please indicate)			
2 Contract Information			
Contract Number (if applicable)			
Owner		SSN/TIN	
Co-Owner (if applicable)		SSN/TIN	
Address			
City	State		Zip Code
		Daytime Phone	
In case we need to contact you about this request		Day time i none	



Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC ("Group1001").

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## 3 Certification

I, the above-named fiduciary, being duly sworn, affirm that the court order that is attached or has already been filed with the Company is currently in full force and effect and that:

- I understand that all contractual terms and conditions, and all policies and procedures of the Company, with respect to the contract, will apply.
- I agree not to exercise any powers granted to me by the attached court order if I know or have reason to know that it has been partially or completely vacated, terminated or suspended, or is no longer valid due to any reason whatsoever, including, without limitation, death of the contract owner or revocation by operation of law.
- I agree not to give instructions concerning the above-referenced contract that I know or believe are not authorized by, otherwise not in compliance with, or in violation of, the attached court order.
- I will promptly notify the Company if and when the attached court order is terminated or limited and the Company may rely on it as being in full force and effect until the Company receives, in good order at its home office, notice of the termination or limitation.
- I fully indemnify and hold harmless the Company and its affiliates from any and all losses, liabilities, claims and costs (including reasonable attorneys' fees) that the Company may incur as a result of its reliance on my continued authority.

Signatures					
iduciary Signature				Date (mm/d	d/yyyy)
<					
lease Print Name Below					
otarization: The fiduciary named a ontained in this affidavit is true.	bove has appeared before	me, has been sworr	and has attest	ed that the inforr	nation
lotary Signature				Date (mm/d	d/yyyy)
				Date (mm/d	d/yyyy)
Notary Signature				Date (mm/d	d/yyyy)
<				Date (mm/d	d/yyyy)
<				Date (mm/d	d/yyyy)
<				Date (mm/d	d/yyyy)
Κ				Date (mm/d	d/yyyy)

## **Contact Us**

By mail

Delaware Life P.O. Box 758581 Topeka, KS 66675-8581 By express mail Delaware Life Mail Zone 581 5801 SW 6th Avenue Topeka, KS 66636 **By fax** 785-286-6118

Online

delawarelife.com

By phone

Customer Service 877-253-2323 M-F 7:30 a.m.-5:00 p.m., CT