

# ONE AND THE SAME NAME AFFIDAVIT

Please check the box next to your insurance company's name.

- ManhattanLife Insurance and Annuity Company    The Manhattan Life Insurance Company    Family Life Insurance Company  
 American General Life Insurance  
(Administered by ManhattanLife)
- 

POLICY NUMBER \_\_\_\_\_

I, \_\_\_\_\_ swear/affirm that, \_\_\_\_\_ and  
(Policy Name Application)

\_\_\_\_\_, are one and the same person.  
(Claimant Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, \_\_\_\_\_ (notary public's name) a notary public, on this day personally appeared

\_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
My Commission Expires

(Personalized Seal)

**Submit Completed Form to:**

Claims Department  
P.O. Box 925309  
Houston, TX 77292-5309

Customer Service Department 1-800-669-9030  
www.manhattanlife.com

ONEANDSAME-0509



**ManhattanLife**<sup>™</sup>