



United Funeral Directors Benefit Life Insurance Company
United Funeral Benefit Life Insurance Company
United Pre-Need Funeral Plans, Inc

Same Name Affidavit

THE STATE OF _____

County of _____

BEFORE ME, the undersigned authority, a Notary Public in and for said State and County, on this date personally appeared the undersigned (Affiant), as evidenced by _____, who, after having been by me first duly sworn, upon oath, according to law, deposed and said:

“My name is _____ and I am ONE AND THE SAME PERSON AS:

I hereby affirm that the information given above is true and correct to the best of my knowledge and belief, that I have been known by the present and former names as stated above, and that I am one and the same person.”

Executed this _____ day of _____, 20_____

Affiant Signature

SUBSCRIBED AND SWORN TO BEFORE ME, on this _____ day of _____, 20_____

Notary Public, State of _____