AFFIDAVIT OF	(Full Legal Name Upper/Lower Case)
Member # _	
I,	_ (Full Legal Name Upper/Lower), do herby attest as
follows:	
1. That I am of legal age and sound mind	
2. That I the flesh and blood individual ar	m the rightful and true beneficiary of the birth Trust
account of	(Full Legal Name All Upper Case),
(SS	# or SIN#).
3. That I execute this Affidavit voluntaril	y, of my own free will.
I certify that the above statements are true and	correct to the best of my knowledge.
Dated this, 20)
Authorized Representative	(Signature)
Authorized Representative	(Full Legal Name Upper/Lower Case)
STATE OF	
COUNTY OF	
SUBSCRIBED AND SWORN TO before	e me on this the day of, 20
Signature of Notary Public	
SEAL	

AFFIDAVIT OF	(Full Legal Name Upper/Lower Case)
Member#	:
I,	_ (Full Legal Name Upper/Lower), do hereby attest as follows:
1. That I am of legal age and sound min-	d.
2. That I the flesh and blood individual a	am the rightful and true beneficiary of the birth Trust
account of	(Full Legal Name All Upper Case),
(S	S# or SIN#).
3. That I execute this Affidavit voluntary	ily, of my own free will.
I certify that the above statements are true an Dated this day of, 2	
	(Signature)
STATE OF	(Full Legal Name Upper/Lower Case)
COUNTY OF	
SUBSCRIBED AND SWORN TO befo	ore me on this the day of, 20
Signature of Notary Public	
SEAL	