



GMP MEMBER DEATH BENEFIT FUND

AFFIDAVIT CONFIRMING DECEASED PARTICIPANT'S SURVIVING NATURAL CHILDREN

The below signed individual(s), in order to induce the GMP Member Death Benefit Fund to pay the death benefit to the surviving natural children of _____, the Deceased Participant, in accordance with the terms and conditions of the Rules and Regulations of the Death Benefit Department, represent and warrant as follows:

1) The deceased participant died without a living lawful spouse; and

2) The following individuals are **all** of the Deceased Participant's surviving natural children:

Name

Name

Address

Address

Name

Name

Address

Address

Are there any other surviving natural children? Yes _____ No _____
(If yes, please list all additional children on the reverse side)

In consideration of the payment of the death benefit, and other good and valuable consideration, and intending to be legally bound hereby, each of the below signed individuals jointly and severally agree to indemnify and hold harmless the GMP Member Death Benefit Fund from any and all claims, costs, attorneys fees and any and all other expenses which it incurs in the event that a valid claim is asserted against the GMP

Member Death Benefit Fund for payment of a death benefit by a lawful living spouse and/or any other natural surviving children of the Deceased Participant not identified herein.

This affidavit must be executed by each surviving natural child of the Deceased Participant. This affidavit may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which together shall constitute one document.

Dated: _____

Signature

Print Name

Address

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public