

AFFIDAVIT IN SUPPORT OF TRANSFER TO MINOR UNDER THE UNIFORM TRANSFER TO MINORS ACT

CL	AIM NUMBER			
I, _ unc	der penalty of perjury:	(Name of Custodian), being duly sworn affirm	that the following are true	
	I reside at(my telephone number is	
2.	My Social Security Number is			
3.	I am aware of no guardian who has been appointed to receive the property of(Name of Minor).			
4.	I am the father, mother, stepmother, stepfather, spouse, grandmother, grandfather, brother, sister, uncle, or, aunt (Circle One), by whole blood, half blood or legal adoption, of(Minor Name).			
5.	Name of Minor) has been established at(Name and Address of Bank). The account number of the custodial account under UTMA is			
6.	Attached are true copies of (a) the minor's social security card, and (b) the custodial account under UTMA indicating the bank account number of the most recent custodial bank account statement.			
7.	I understand that the property being received by me from Amalgamated Life Insurance Company , in my capacity as custodian for the property of (Name of Minor), is for the use and benefit of said minor, and is in addition to and not a substitution for any support obligation which any person may have with respect to the minor.			
	Printed Custodial Name	Custodial Signature	Date	
Sw	orn to me this day o	f, 2		
	Notary Stamp	Signature	of Notary Public	