

AFFIDAVIT WITH RESPECT TO DECEASED DEPOSITOR

The undersigned hereby represents and warrants to **Workers Credit Union** that

_____ of _____
(name of account holder) (Street)

_____, the sole holder of Account # _____
(City / town) (zip code)

with this institution, died on _____, 20____; that there has been no demand for payment or notice of proposed withdrawal by any duly appointed executor or administrator of said deceased depositor with respect to said account; that the undersigned is the surviving spouse or next of kin of said deceased depositor; that 30 days have elapsed since the date of death of said depositor; that the undersigned has delivered herewith to **Workers Credit Union** a valid death certificate with respect to said depositor and the deposit book or certificate (if applicable) evidencing the account.

The undersigned makes the above representations and warranties for the purposes of inducing **Workers Credit Union** to make payment to the undersigned of the full balance standing in this account, providing the account does not exceed \$10,000.00.

Executed under the pains and penalties of perjury this _____ day of _____ 20____.

Witness

Name

Address

Identification

City/ Town

Zip code