

BETHPAGE FEDERAL CREDIT UNION ("CREDIT UNION")

AFFIDAVIT IN SUPPORT OF REPAYMENT OF
DEPOSITS OF DECEASED PERSON

(Section 1310 of the Surrogate's Court Procedure Act Subdivision 2, 3, and 4)

State of New York) Account Number _____
) SS: _____
County of) Name of Deceased Depositor _____

PERSON MAKING AFFIDAVIT: I, being duly sworn, state that I am 18 years of age or older and reside at _____.

DECEASED DEPOSITOR: That _____ died on the _____ day of _____, 20____, a depositor in the credit union and the owner of \$ _____ as shown by account number _____.

MY RELATIONSHIP TO THE DECEASED DEPOSITOR (check one):

- | | | |
|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> Surviving spouse | <input type="checkbox"/> Mother | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Child or children 18 years of age or older | <input type="checkbox"/> Brother | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Father | <input type="checkbox"/> Sister | |

If payment is made under Section 1310 of the Surrogate's Court Procedure Act Subdivision 4, one of the following must be checked:

- Distributee of the estate of the deceased depositor.
- Creditor (to the extent that the funds are not exempt from the claims of creditors).
- Person who has paid or who has agreed to pay the funeral expenses.

MY REPRESENTATION: If payment is made under Section 1310 of the Surrogate's Court Procedure Act Subdivision 3, the following statement applies: That no executor or administrator has qualified or been appointed and that not less than 30 days have elapsed since the date of death of the deceased depositor.

If payment is made under Section 1310 of the Surrogate's Court Procedure Act Subdivision 4, the following statement applies: That no executor or administrator has qualified or been appointed and that the deceased depositor was not survived by a spouse or minor child. More than 6 months have passed since the date of death of the depositor and that I am entitled to payment of the amount requested.

PERSONS RECEIVING PAYMENT: The following are entitled to and will receive the money paid:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Amount to be paid \$ _____

AMOUNT REQUESTED: If payment is made under Subdivision 4 of Section 1310 of the Surrogate's Court Procedure Act, the following statement applies: This payment together with all other payments made under Subdivision 4 of Section 1310 of the Surrogate's Court Procedure Act by all debtors known to me after diligent inquiry do not total more than \$5,000.00.

If payment is made under Subdivision 3 of Section 1310 of the Surrogate's Court Procedure Act, the following statement applies: This payment together with all other payments made under Subdivision 3 of Section 1310 of the Surrogate's Court Procedure Act by all debtors known to me after diligent inquiry do not when added together exceed \$15,000.

If payment is made under Subdivision 2 of Section 1310 of the Surrogate's Court Procedure Act, this statement applies: This payment together with all other payments received by me under Subdivision 2 of Section 1310 of the Surrogate's Court Procedure Act do not total more than \$30,000.00.

REASON FOR AFFIDAVIT: This affidavit is made to induce the credit union to pay as requested out of the account of the deceased depositor knowing full well that the credit union relies on the truth of my statements.

MY RESPONSIBILITY TO THE CREDIT UNION: I understand that there may be claims or demands made against the credit union as a result of my request to the credit union. I agree that I will be responsible to the credit union if any claim or demand is made against it as a result of the credit union's having acted as I have requested. I agree to reimburse the credit union for any reasonable cost, expenses or attorney's fees that it has incurred in defending itself any such claims or demands.

Signature

Sworn to before me this
_____ day of _____, 19 _____
