

**AFFIDAVIT AFFIRMING
EXISTENCE OF INSURABLE INTEREST**

I, _____, a member of the Tribal Government Retirement System (TGRS), have, on forms provided to me and approved by TGRS-MERS, named the following individual as my survivor beneficiary for purposes of receiving a TGRS-MERS retirement allowance, if payable under the Plan Document, upon my death.

Designated Beneficiary's Name _____

Address _____

Social Security No. (last four digits only) - ____ _

Phone No. (with area code) _____

I do hereby swear and affirm that the above named individual has an insurable interest in my life. I understand that an insurable interest exists only when a named beneficiary has a real financial interest in my continued life and will suffer a financial loss in the event of my death. (An individual has an insurable interest in your life if they will suffer a real economic loss upon your death. Spouses, children and other members of your immediate family are presumed by TGRS-MERS to have an insurable interest in your life. Individuals who are **not** members of your immediate family but who actually rely on you for their direct financial support, or with whom you have consistently contributed to the keeping of a common household may also have an insurable interest in your life; however, in such cases, the existence of a domestic partnership relationship alone is not legally sufficient.)

The beneficiary designated above possesses an insurable interest in my life for the following reasons:

Dated _____, 20__.

Signature of Member

Tribe Name

Tribal Code

RETURN TO: Tribal Government Retirement System c/o TGRS-MERS
1134 Municipal Way
Lansing, MI 48917
Phone: (877) 641-8477 • Fax: (517) 703-9706