



American Century Life Insurance Company of Texas

1333 W. McDermott Dr., Suite 150

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Affidavit of Next of Kin

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of _____, who died on or about the _____ day of _____, 20_____.
2. That my relationship to the deceased is _____.
3. That no personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.
4. That this affidavit is made in support of the request for release of medical records of the deceased.
5. That the undersigned agrees and understands that, pursuant to Federal law, American Century Life Insurance Company of Texas ("ACLIC") will not release copies of the medical records of the deceased to the undersigned.
6. I present this affidavit to ACLIC to evidence my authority to act in such capacity as surviving next of kin; and, in consideration of ACLIC to agreeing to act in reliance thereon, I agree to indemnify and hold harmless the ACLIC party or parties to whom this is presented, as well as their directors, officers, employees, and agents from any and all damages or losses, including costs of court and attorney fees, occasioned by reliance on this information.

The foregoing is the truth to the best of my knowledge, information, and belief. Dated at:

_____ This _____ Day of _____, 20_____
(City) (State)

Signature

Print Name

_____ City _____ State _____ Zip Code _____
Address

Telephone

Sworn and subscribed before me, on _____

Notary Public _____

My commission expires on _____