

1199SEIU Pension Funds

330 West 42nd Street • New York, NY 10036-6977 • Tel: (646) 473-8666 • Outside NYC area codes: (800) 575-7771 • www.1199SEIUBenefits.org

AFFIDAVIT IN SUPPORT OF TRANSFER TO MINOR UNDER THE PROVISIONS OF THE 1199SEIU PENSION FUNDS

Please print clearly in blue or black ink.

I, _____, being duly sworn, affirm that the following are true under the penalty of perjury:
FULL NAME OF CUSTODIAN

1. I reside at: _____
ADDRESS, CITY, STATE, ZIP CODE

My primary telephone number is: _____
CUSTODIAN'S PRIMARY TELEPHONE NUMBER

2. My Social Security Number is: _____
CUSTODIAN'S SOCIAL SECURITY NUMBER

3. I am aware of no guardian who has been appointed to receive the property of:

FULL NAME OF MINOR

I am the father, mother, stepfather or stepmother by whole blood, half blood or legal adoption of:

FULL NAME OF MINOR

4. A custodial account to receive and hold the property of _____
FULL NAME OF MINOR

has been established at:

NAME AND ADDRESS OF BANK

The bank account number of the custodial account is: _____
BANK ACCOUNT NUMBER

5. Attached are true copies of: (a) the minor's Social Security Card; and (b) the most recent custodial account bank statement or the custodial account bank book that indicates the bank account number.

6. I understand that the property being received by me from the 1199SEIU Pension Funds, in my capacity as custodian for the property of _____, is for the use and benefit of said minor, and is
FULL NAME OF MINOR

in addition to and not a substitution for any support obligation which any person may have with respect to the minor.

7. I understand that the custodial property of _____
FULL NAME OF MINOR

is subject to the Employee Retirement Income Security Act of 1974 ("ERISA") and, to the extent not inconsistent with ERISA, the provisions of the Uniform Transfers to Minors Act of the State of New York.

CUSTODIAN'S SIGNATURE

Sworn to me this _____, 20____, in _____, New York
MONTH DAY YEAR NAME OF CITY WHERE SIGNED

NOTARY PUBLIC