APF5 • 02/22 • PARENT AND GUARDIAN AFFIDAVIT FORM

PO Box 975 • New York, NY 10108-0975 • Tel: (646) 473-8666 • Outside NYC: (800) 575-7771 • Fax: (646) 473-8747 • www.1199SEIUBenefits.org

**9SEIU** Pension Funds

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

Please print clearly in blue or black ink.

|        | , being duly sworn, affirm that the following are true under the penalty of perjury:<br>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   |
|        | 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 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 i 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   |
|        | 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   |
| m to r | ne this, 20, in, New York<br>MONTH DAY YEAR NAME OF CITY WHERE SIGNED   |