



P.O. Box 1956
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 www.louisianafcu.org

AFFIDAVIT OF KINSHIP

AFFIDAVIT: For Transfer On Death Of Member

Date: _____

Member No: _____

Member/Owner: _____

State of Louisiana, Parish of _____

_____ (Member) being first duly sworn, does hereby depose and state the he/she opened an account with the _____ Credit Union, designated as _____ (Name of Member), Payable on Death to _____ (Name(s) of Beneficiary(ies))

(Name(s) of Beneficiary(ies))

and bearing Member Number _____ in said credit union, and that all of the designated beneficiaries are in the required degree of kinship of spouse, child, grandchild, parents, or siblings, as defined in Louisiana Revised Statutes 6:314 and 6:653.1.

X _____
 Member Signature

Sworn to and subscribed before me this _____ day of _____

_____ , _____

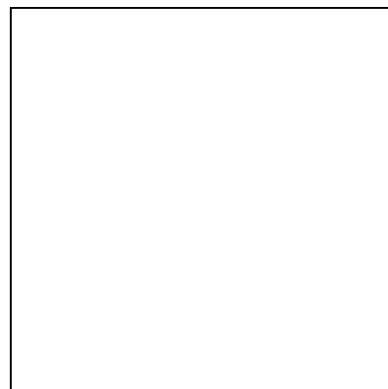
X _____
 Notary Public

Printed Name: _____

ID Number: _____

Witness: _____

FOR NOTARY SEAL



OFAC