



P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

Affidavit of Natural Tutorship of Minor Child

| | | | |
|------------------------------|----------------------|----------------------|-----------------------|
| Deceased Member's First Name | Middle Name | Last Name | Deceased Member's SSN |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 1: MINOR CHILD'S INFORMATION

| | | | |
|--------------------------|----------------------|----------------------|--------------------------------------|
| Minor Child's First Name | Middle Name | Last Name | Minor Child's Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Male Birth Date

Female

SECTION 2: NATURAL TUTOR'S INFORMATION

| | | | |
|----------------------------|----------------------|----------------------|--|
| Natural Tutor's First Name | Middle Name | Last Name | Natural Tutor's Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Mailing Address | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--------------------------------|--------------------------------|----------------------|
| Daytime Area Code/Phone Number | Evening Area Code/Phone Number | E-mail Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3: NATURAL TUTOR'S CERTIFICATION AND AUTHORIZATION

I attest that I am the natural tutor and have custody of the above named minor child who is a surviving beneficiary of the above named deceased member. I certify that I will be a prudent administrator of any funds issued for the benefit of the said minor.

| | |
|---------------------------|----------------------|
| Natural Tutor's Signature | Date |
| <input type="text"/> | <input type="text"/> |

SECTION 4: NOTARIZATION

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20____.

| | |
|------------------------------------|------------------------------------|
| _____ Notary Public (Signature) | _____ Notary ID # or Bar Roll # |
| _____ Notary Public Name | _____ Commission Expires |

(affix seal here)