



FAMILY MEMBER AFFIDAVIT

**AFFIDAVIT OF FAMILY MEMBER OF DECEASED MEMBER OF THE CREDIT UNION
PURSUANT TO SECTION 3101 OF THE
PENNSYLVANIA PROBATE, ESTATES AND FIDUCIARIES CODE**

Section 3101 (b) of the Pennsylvania Probate, Estates and Fiduciaries Code provides that a credit union may, at any time after the death of a member, pay the amount on deposit to the spouse, any child, the father or mother, or any sister or brother (preference being given in the order named) of the deceased member, provided (1) that the amount on deposit does not exceed \$10,000 and (2) that a receipted funeral bill or an affidavit executed by a licensed funeral director which sets forth that satisfactory arrangements for payment of funeral services has been made was presented to the credit union. The undersigned makes this affidavit for the purpose of inducing American Heritage Federal Credit Union to pay the amount on deposit in the name of a deceased member of the Credit Union to a family member pursuant to Section 3101 (b) of the Pennsylvania Probate, Estates and Fiduciaries Code.

Intending to be legally bound, I hereby swear and affirm that:

1. _____ died on ____/____/____.
Name of Deceased Member *Date of Death*
2. The deceased member was/was not (strike one) survived by a spouse.
3. I am the _____ of the deceased member.
Relationship
4. I have attached to this affidavit either a receipted funeral bill or an affidavit executed by a licensed funeral director.
5. I am the person having preference for the payment authorized by Section 3101 (b) of the Pennsylvania Probate, Estates and Fiduciaries Code.
6. Following receipt of, and in exchange for, any funds on deposit in the name of the deceased member, I shall indemnify and hold harmless American Heritage Federal Credit Union from any and all claims, actions or liabilities in connection with American Heritage Federal Credit Union's payment to me of the funds on deposit in the name of the deceased member.

WITNESSES:

Witness Signature

Family Member Signature

Witness Signature

Family Member Print Name

Commonwealth of Pennsylvania)
) ss:
County of _____)

On this, the _____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and notarial seal.

Notary Public

(SEAL)

My commission expires: