



CM Regent Solutions Identification Statement of Heirs

Policyholder name	Policy number
Employee name	Social Security number

I, _____, residing at _____, state that I have known _____ for _____ years. My relationship to _____ is _____. I certify that the following are the full names and dates of birth (death if deceased) of all heirs that _____ ever had.

1 Heir information

Based on what is selected in this section, provide appropriate information in the grid below.

- Spouse Parents Grandchild(ren)
 Child(ren) Siblings Grandparent(s)

There are no posthumous or legally adopted child(ren), unless mentioned below.

Name of heirs	Relationship	Date of birth	Date of death	Current or last known address

2 Signature

Signed at the city of _____ in _____, this _____ day of _____, 20_____.

Signature X			
Street address	City	State	Zip code

Witness signature X			
Street address	City	State	Zip code

Contact us

 **By mail**
 CM Regent Solutions
 300 Sterling Parkway, Suite 100
 Mechanicsburg, PA 17050

 **By fax**
 866.691.6291

 **By e-mail**
EBSS@cmregent.com