AmericanEnterprise GROUP INC.

American Republic Insurance Company
American Republic Corp Insurance Company
Medico Insurance Company
Medico Corp Life Insurance Company
Medico Life and Health Insurance Company

Affidavit to Authorize Payment of Policy Benefits

This Affidavit authorizes the affiliates of American Enterprise Group, Inc. (collectively the "Company") to make payments of benefits under the terms of the Policy of Insurance identified below. By executing this Affidavit, I attest that all survivors have agreed that benefits shall be paid to the person(s) named below or their assigns. I release and forever discharge the Company from all claims of any nature under the Policy of Insurance identified below. Further, I agree to indemnify the Company from and against all liability suffered or incurred by the Company that arise in any way upon its reliance on my representations in this Affidavit.

I, ______________________________, state under oath that:

- all information provided in this Affidavit is correct;
- the individuals identified below are related to the Deceased in the indicated relationships; and
- the Deceased died on the date specified leaving no estate to be probated.

Name of Deceased: ______________________________ Date of Death: ____________________

Policy Number(s): ____

Person(s) to whom benefits are to be paid:

Survivor's Name	Address, City, State, ZIP	Social Security #	Relationship to Deceased	Date of Birth

Signature: ______________________________________ Date: ____________________

State of ____________________ }

County of ____________________ }

Subscribed and sworn to before me, a Notary Public, this ________ day of ______________________,
20 ________.

Notary Public: ______________________________________

LM2142-ae (8-17)