

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

R. ALEXANDER ACOSTA,)
SECRETARY OF LABOR,)
)
Plaintiff,)
v.)
)
JOHN J. KORESKO, et al.,)
)
Defendants.)

CIVIL NO. 09-988-WB

DECLARATION UNDER 28 U.S.C. § 1746
LIQUIDATION AND RELEASE OF RIGHTS
ASSOCIATED WITH THE INSURANCE POLICIES

I, _____, declare or affirm the following:

1. I am over eighteen years of age.
2. I am authorized to act on behalf of Plan Sponsor:

3. My address is _____

Email Address _____

Telephone _____

4. I am authorized to act on behalf of the plan sponsor because (circle one and complete):
 - a. I am counsel or
 - b. State relationship to the plan sponsor _____

5. I request that the insurance policy(ies) associated with the Plan that are listed below be surrendered/liquidated for cash value.

INSURANCE POLICY DETAIL

Policy Number	Type	Named Insured	Date Valued	Cash Surrender Value	Outstanding Loan Amount	Insurance Policy Value

6. I recognize that with the liquidation of the policy(ies) that any and all life insurance coverage or other benefits associated with the policy will cease in accordance with the provisions of the applicable policy(ies).

7. I certify that I have provided notice to the named insured that upon liquidation all insurance coverage will cease.

8. I request on behalf of the plan sponsor that any cash distribution be payable to:

Name _____

DOB _____

Tax ID _____

Address _____

I declare under penalty of perjury that the foregoing is true and correct. Executed on this _____ day of _____, 2017.

Signature: _____