

**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.

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CIVIL NO. 09-988-WB

**DECLARATION UNDER 28 U.S.C. § 1746
REQUEST TO RETITLE**

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 on behalf of the plan sponsor that the ownership of the insurance policy, identified as policy number _____, be transferred directly to:

Personal Identifying Information requested below is required by the Insurance Carrier

Owner Name: _____

DOB: _____

Tax ID : _____

Address: _____

Beneficiary Name: _____

DOB: _____ Percentage: _____

Tax ID : _____

Address: _____

Beneficiary Name: _____

DOB: _____ Percentage: _____

Tax ID : _____

Address: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 2017.

Signature: _____