



AFFIDAVIT OF LOST POLICY/CERTIFICATE

I, _____, as the beneficiary named in
Policy Number(s) _____ formerly held
by: _____ (deceased) have filed claim under said Policy.

The above Beneficiary states that the said Policy has been lost or destroyed and that after a careful and diligent search has been unable to find the Policy. The Beneficiary further states that, in consideration of the appropriate Insurance Company's paying said claim without requiring surrender of said Policy, agrees to hold said Insurance Company harmless to reimburse it for all costs and expenses of every kind and character which it may be obliged to incur in the event that said Policy is ever found and another claim is presented under it.

Beneficiary

Witness Signature of Beneficiary

Witness's Address

Date