

## AFFIDAVIT OF LOST POLICY

(For Agents Only)

I, \_\_\_\_\_ code \_\_\_\_\_  
of the \_\_\_\_\_ Agency of the CFC Life Assurance Ltd.,  
do hereby certify:

- (1) that Policy Number \_\_\_\_\_ issued on the life of  
\_\_\_\_\_  
\_\_\_\_\_ forwarded by registered mail to my address on  
\_\_\_\_\_ has never been  
received by me and never been delivered to the Policyowner;
- (2) That the original of said policy has been lost, and I therefore request that a  
duplicate policy be issued; and
- (3) That in the event the original policy is found, I will return it to the Head  
Office of The CFC Life Assurance Ltd.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_