

## APPLICATION FOR COPY OF LOST POLICY

WE HEREBY CERTIFY that

Policy No. \_\_\_\_\_ on the life of \_\_\_\_\_

under date of \_\_\_\_\_

The present beneficiary designation of which is \_\_\_\_\_

\_\_\_\_\_ has been lost or mislaid beyond hope of recovery, although due and diligent search has been made for it, or that it was destroyed, the circumstances of loss or destruction being as follows:

That said policy was not and is not assigned or otherwise transferred to any person whomsoever, or in any way as security for moneys advanced or value received, except as follows:

That application is hereby made to said Company to issue a copy of said policy. If this request is granted the undersigned agree to indemnify the Company against any loss that may be sustained as a result of having issued the copy of said policy herein requested and also agree that any endorsement on the copy of said policy shall be considered an endorsement on the original policy, and that if the original policy is found, said copy will be promptly returned to the Company.

Executed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Owner if Other than Insured

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Beneficiary if irrevocable

NOTE: If the policy is assigned, or owned by some one other than the Insured, such assignee or owner must also sign.