

AFFIDAVIT OF LOSS OF POLICY

Policy No. _____ Insured _____

I hereby certify the above numbered policy has been lost or destroyed. The policy has not been sold, assigned, or transferred to any other person nor has any interest under it been assigned. If the policy is assigned, the assignee must also sign this form.

I understand and agree no double liability will exist under the duplicate and the original, and that the original or any previously issued duplicate will be returned to Texas Life if ever found.

I promise and agree to indemnify and hold harmless Texas Life from any and all losses or injuries which it may incur as a result of granting this request. This indemnification shall be binding on the undersigned's heirs, executors, administrators, successors, and assignees.

I certify that the preceding information is true and correct.

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

Dated at _____ this _____ day of _____, _____
City State Day Month Year

Signature of Policy Owner

Social Security Number
or Tax I.D. Number if Trust or Corporation

Name of Assignee (If Policy is Assigned.)

Authorized Signature

Title: _____

SUBMIT THIS FORM ONLY IF THE POLICY HAS BEEN LOST OR DESTROYED