

LOST POLICY AFFIDAVIT

Return to:
PO BOX 833879
RICHARDSON TX 75083-3879



- Champions Life Insurance Company
- Central Security Life Insurance Company
- Western American Life Insurance Company
- _____
(Hereinafter referred to as the Company)

I, _____, the beneficiary of policy no. _____ (hereinafter referred to as the "original policy") of the Company on the life of _____ do hereby warrant and declare that said policy has been lost or destroyed, that I have no knowledge whatsoever of the present whereabouts of said policy, that there has been no sale, transfer, or assignment of said policy and that no person or persons, other than the undersigned, has any claim, title or interest therein or thereto or to any part thereof whatsoever.

I agree to indemnify and protect the Company against any claim that may be asserted against the Company under said original policy which is alleged to have been lost, destroyed, stolen or wrongfully converted.

The undersigned hereby agrees to notify the Company if said policy ever shall be found or discovered.

Dated at _____ this _____ day of _____, _____.

Beneficiary's Social Security Number

Beneficiary's Phone Number

Beneficiary's Address

Street/City/State/Zip Code

Signature of Beneficiary

Signature of Witness