MISSOURI LIFE & HEALTH INSURANCE GUARANTY ASSOCIATION

630 Bolivar Street, Suite 204
Jefferson City, MO 65101

AFFIDAVIT OF LOST POLICY

STATE OF _____)
) SS
COUNTY OF _____)

I, _____, of lawful age, being first duly sworn, state that Policy No. _____ issued on the life of _____ together with any and all riders issued in conjunction therewith, has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it; that if the original policy is found, it will be returned to the company immediately. The undersigned agrees to waive all rights, titles and interest therein.

_____
Signature

Subscribed and sworn to before me

this _____ day of _____

20___.

_____
Notary Public

_____
Commission Expiry Date