



AFFIDAVIT AND AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY

I, _____, being duly sworn, depose and say that I am the owner under Policy No. _____ issued on the life of _____, for \$ _____ dated _____ issued by American Life & Security Corp. of Lincoln Nebraska, that the beneficiary named in said policy is: _____

BENEFICIARY'S FULL NAME

that said policy has been lost or destroyed and I have no knowledge as to its whereabouts, that no person or persons, corporation, or association has any claim or interest in said policy, by virtue of any sale, assignment or pledge thereof, except as follows: (Here give Name and Addresses, if no exceptions, insert "No Exceptions".)

That the circumstances of the loss or destruction were as follows:

On the basis of the above affidavit, I hereby request that American Life & Security Corp. to issue a copy of the policy described above to evidence the contract witnessed thereby, said copy to be numbered the same as the original except for the word "Duplicate" stamped across the face of the new policy. In consideration of the granting of this request I undertake and agree as follows:

1. That said copy shall stand in the place and stead of the original policy for all purposes, and that the original policy, if still in existence, shall be of no further force and effect as evidence of the insurance contract of which it bore witness.
2. That the original policy, if it later comes into my possession, shall be returned promptly to the insurer.
3. That I will save the insurer harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said copy.

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

(_____)
Owner-Day time phone: ___ Home ___ Cell ___ Work

X _____
Co-Owner's Name (printed)

X _____
Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

(_____)
Co-Owner-Day time Phone: ___ Home ___ Cell ___ Work

Subscribed and sworn before me this _____ day of _____, _____.

County of: _____
State of: _____

My commission expires on _____